

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

September 29, 1984

a Benn publication

Dr Maddock's  
good practice  
check list for  
community  
pharmacies

DHSS says API  
can import  
medicines  
for members

Tom Caxton  
'swallowed'  
by Edme

Safeway's  
Crowborough  
pharmacy gets  
go-ahead

OTC advice:  
is pharmacist  
properly  
qualified?

## Robinsons of Chesterfield have the nappy market taped.



Robinsons of Chesterfield 





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people feel better with?



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**COMMENT**

Over an 11-year span the Lincolnshire Local Pharmaceutical Committee has managed to attract to its annual conference a number of key speakers with important and sometimes provocative things to say. This year was no exception.

On Sunday Pharmaceutical Society president Dr Hopkin Maddock challenged the membership to lead the profession by example from their community pharmacies. In a paper titled "Leadership or lethargy" he said that, while the Society's Council and officers were its leaders, the profession would be found wanting in the eyes of the public unless individuals perform efficiently and keep high standards.

He gave out a list of some 50 good housekeeping and good practice points against which pharmacists can check their operation. Many are self-evident and likely to be used already by any self-respecting retailer. But pharmacists are not just retailers and should have exemplary standards of practice. Some points may well cause the stirrings within the consciences of pharmacists.

The NPA's advertising campaign continues to draw attention to the profession and the services it can give to the public. The PSNC's is calling the profession to take on expanded roles in health care and is asking the Government to reward contractors for those services on an individual

basis. And the Society's new logo will show up any dowdy pharmacy for what it is. If your check list has any ticks missing the public may well bypass, not just your pharmacy, but others as well.

The next speaker, community pharmacist Christopher Fell, highlighted some of the profession's failings over the years as he saw them. And proceeded to lay at their feet various bogies — dispensing doctors, discounting and parallel importing. A salutary tale this, and one not without substance.

Then the good men and women of Lincolnshire were faced with Dr Frank Newcombe, head of a school of pharmacy, who told them firmly that, as pharmacists, their place was in the front shop advising the patient. However, he questioned whether they were adequately qualified to fulfil the task because diagnostic techniques, health care and management were not taught. In theory he may well be correct, but in practice the majority of pharmacists who leave the safe confines of the dispensary come armed with a sufficient knowledge of common ailments and their antidotes to give that "good advice." A good "prereg" year can furnish much experience.

Dr Newcombe said at one point that his view was jaundiced. It may be but it contains sufficient truth to make both pharmacists and the schools of pharmacy look to their laurels.

# DHSS says API can import for members

The Association of Pharmaceutical Importers has been told by the DHSS that on behalf of its members it can import those medicines for which it holds licences — PL(PIs).

The Department of Health says the API (Suppliers) Ltd is a proper person to hold a product licence for its members under the Medicines Act 1968. API will only import for members on request.

API (Suppliers) Ltd will act for members in this capacity but the API stresses it is not acting as an agency. It will take delivery of the goods, repack and relabel them in a member's livery with the API logo and licence number and then ship them to that member, keeping all necessary records.

Property in the goods is vested in API (Suppliers) Ltd at the time of importation and processing and subsequently passes to the member. The Association has total legal control of the goods until they are delivered to the

member and "stands in his place."

API has applied for around 300 PL(PIs), the maximum number likely to be required by any one member. So far about 1,000 licence applications have been made to the DHSS but none have been granted. C&D understands from one API member that the fee charged to members for a single PL(PI) by the Association is likely to be at least half the standard DHSS fee of £150 per licence.

The API has ten "live" members at present who have paid an initial fee of £5,000 to March 31, 1985. Chairman Stanley Blum says the size of the annual fee will be reviewed next year and that members will pay a reduced fee for an individual licence. He says considerable interest has been shown from companies considering API membership.

Mr Blum does not believe that parallel import products will secure more than 10 per cent of the total UK market for prescribed medicines under the Government's PL(PI) system.

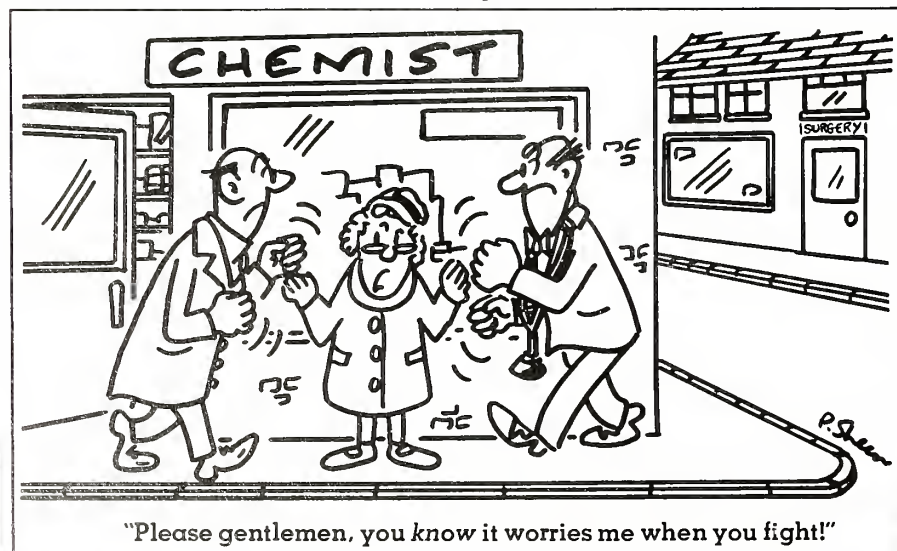
## Diagnostic aid for pharmacists?

An algorithmic approach to diagnosis and product selection may prove helpful to pharmacists at the point of consultation.

An article in this month's *Pharmacy International* suggests such flow-charts, assembled in collaboration with the

medical profession, possibly stored in a microcomputer, would assure the pharmacist he was proceeding along logical lines of questioning.

The article also promotes the pharmacy as a source of health education and preventive medicine propaganda, suggesting the pharmacist assumes a more prominent advisory and educational role to "reclaim lost ground and carve new responsibilities for himself by assisting patients to self-medicate."



"Please gentlemen, you know it worries me when you fight!"

## Drug advertising not 'Liberalised'

A move by an advertising executive to get the Liberal Party to change its mind over a pledge to curb advertising of drugs such as alcohol and tobacco failed to convince last week's conference.

David Harris, a delegate from Hendon South, who works for the Advertising Association, said it was wrong for the Liberals to believe that cutting advertising of drugs would decrease consumption.

He called for a separate vote on the party motion calling for restriction of the advertising of such socially-used drugs to the point of sale only.

Mr Harris urged delegates to remove this section from the main motion but this was rejected.

"It is all too easy to think that curbing advertising will bring down consumption. It is just not as simple as that. Advertising cannot increase the total consumption of alcohol and drugs," he said.

"Advertising is a means by which one manufacturer tries to increase his share of the market at the expense of another manufacturer."

The conference agreed a motion restricting the sale of glue and solvents only to licensed retailers and called for a wide-ranging programme of education on the dangers of drug abuse.

## BPC — GPs respond

Doctors have responded strongly in their own newspapers to remarks made by the president of the Pharmaceutical Society at the BP Conference in Southampton.

In *Doctor*, Dr Michael Wilson, chairman of the General Medical Services Committee called the remarks "very unhelpful". "We have really tried to be as co-operative as we can, despite these kind of utterances from the Pharmaceutical Society," he said. "All pharmacists are essentially doing is fulfilling an order from a GP."

Royal College of General Practitioners secretary, Dr Bill Styles, said that for every error that a pharmacist found, he could cite one where the family doctor had found an error by the pharmacist.

*Pulse*, carried similar comments from Dr Wilson. It also, in its "your opinion" column, asked ordinary GPs about the handwriting criticism. In general they thought the remarks justified, though felt the situation was improving.



## Scripts flow at Sussex Safeway

**Safeway have started to dispense from their in-store pharmacy at their Crowbrough supermarket after the Secretary for Social Services turned down an appeal by a Rotherfield pharmacist against a Rural Dispensing Committee decision to grant a dispensing contract.**

The pharmacy began operating without a contract back in May after Safeway became caught up in a Sussex Family Practitioner Committee decision to declare East Sussex rural in character. The RDC then granted Safeway permission to dispense in Crowborough but Mr Mahendrakumar Sharma, who took over the pharmacy in nearby Rotherfield in September, 1983 appealed against the decision to the Secretary of State, Norman Fowler.

Mr Fowler additionally received observations and evidence from the RDC, the FPC, the LPC and others but was not satisfied that there were sufficient grounds to grant the appeal.

Safeway superintendent pharmacist

Mr David Horbury told *C&D* he is delighted with the decision and quite pleased with the number of scripts dispensed at the end of last week. Dispensing started on September 19.

At present Safeway have 12 pharmacies open in supermarkets at Hadleigh, Verwood, Acocks Green, Livingston, Crowborough, Wilmslow, Eastleigh, Pinner, Wooseshill, Bitterne and East Grinstead. They will open their thirteenth at Cameron Toll, Edinburgh next Tuesday.

Safeway plan to have in-store pharmacies in supermarkets at Canterbury, Eastbourne, Streatham and Upper Norwood by the year end: this will make a total of 17.



## New Year controls on PML sales

**An Order detailing new arrangements for controlling sales of veterinary products by agricultural merchants is to be laid before Parliament and expected to become operative January 1, 1985.**

A Code of Practice for merchants selling or supplying veterinary drugs has been approved by Ministers and will be published at the same time as the Order.

When the Order is effective merchants wishing to sell PML products will have to register with the Pharmaceutical Society of Great Britain (Department of Health and Social Security (NI) in Northern Ireland) and comply with the Code of Practice, which includes requirements for premises, personnel, sale and supply, storage and training and education. It also gives details of procedures for representations to the appropriate Minister in cases where merchants are refused registration or removed from the List.

Original proposals that Merchant's List product sales should only be allowed under a pharmacist's supervision were rejected early last year.

The new Order will allow saddlers to sell specified horse wormers to keepers of horses and ponies for three years. Again such saddlers will have to register and comply with the Code.

Fees for registration will be £55 per premise for agricultural merchants wishing to sell the full range of Merchant's List products and £25 per premise for saddlers wishing to sell specified horse wormers.

The proposed Veterinary Drugs (Prescription Only) Order (*C&D* March 17, p496) is taking longer than expected therefore the Veterinary Products Committee's recommendations for it will be given effect in the new Merchant's List Order. The VPC's proposals have been approved by Ministers with the following modifications: broxyquinoline, clioquinol and halquinol will become Prescription only but exemptions will allow licensed products to remain on the Merchant's List; extract filicis will be classified Pharmacy only, and salmonella sero vaccines will remain on the Merchant's List. Ministers have confirmed that live orf vaccines should be on prescription only.

Finally updating amendments to the Schedules of the Merchant's List Order (see *C&D* August 4, p200) will also be given effect in the new Order.

## Caution follows O<sub>2</sub> supply failure

**The failure to supply oxygen cylinders in accordance with a GP's prescription has led to a company being cautioned after it was found to be in breach of its terms of service.**

A prescription calling for three oxygen cylinders was presented at a pharmacy for dispensing. Though one cylinder was delivered initially, the two remaining cylinders had not arrived after a month and a complaint was made to the local family practitioner committee, alleging the company was delaying delivery in order to get a new prescription and additional payments.

The manager of the pharmacy said stocks had been low when the prescription was presented but he acknowledged the supply of the balance had been overlooked. He denied a new prescription had been requested.

The Pharmaceutical Service Committee of Kent FPC were satisfied there was no intention to defraud the NHS. However, they considered there had been a failure to supply with reasonable promptness the drugs ordered.

The Secretary of State confirmed the decision and cautioned the company.

□ A member of the public has written a letter to the *Epsom & Ewell Herald* in support of his local chemist's oxygen services. After praising the "excellent and understanding service and good advice," obtained from his local pharmacist, the writer asks: "Could BOC give such a prompt and friendly service — day and night — and within minutes?"

## Anti-cancer drug from Japan

**Nippon Kayaku Co have succeeded in producing a derivative of the anti-cancer drug bleomycin with no appreciable lung side-effects, according to a report in the *Japan Economic Journal*.**

The new compound, named "libromycin," was narrowed down from over 200 derivatives of bleomycin, which the company first marketed in 1968, but which impairs lung function after prolonged treatment. Animal tests with "libromycin" showed few toxic effects and it is hoped to commence clinical trials next year.



## Water meters — get board approval first

**Pharmacists approached by private companies offering to arrange the installation of a water meter should be wary of paying-out any cash before water board approval has been secured.**

Installation of a meter can give considerable savings on water rates, but water board approval is needed regarding where it's installed. The National Pharmaceutical Association has had several complaints from member companies which — on being refused water board approval — have had difficulty reclaiming deposits earlier paid.

Maurice Picker, MPS, who runs Seemore Chemists in Ossett, near Leeds, ordered a meter in November last year. He paid the rep's requested £45 deposit there and then. Plans for the meter were rejected, and Mr Picker requested a refund from the company.

After eight months of chasing them himself, Mr Picker contacted the NPA for help in July this year.

Jerry Shulman, MPS, of H.C. Heard Chemist's in Hendon, needed two meters, and so paid a heavier deposit of £70 when he ordered a meter in June.

He sent the company the necessary application forms when received from the water board, having been told they would take the procedure from there. When nothing further had happened by August,

Mr Shulman contacted his water board, to find the firm had not spoken to them.

On August 14 he wrote asking for a £70 refund. He has still received no answer, though his cheque has been cashed.

The third NPA case involved Graham Hurst, MPS, of Ross-on-Wye. The water board approved a site for a meter in the shop, and the installing company's engineer duly called. Mr Hurst left him in the cellar to get on with the job, returning to find the meter had been put in a completely different place to that specified by the water board. When challenged, the engineer said the original site was too close to both an open grid (and so susceptible to frost) and electrical wiring.

Satisfied with this, Mr Hurst didn't challenge the £25 deposit already paid, and handed over the outstanding balance of £65.85. He'd also paid a water board inspection fee of £24.49, making a total of £115.34. The local water board later objected to the new placement, and Mr Hurst too asked for a refund. He was offered either a refit or a refund within three weeks in a letter dated May 18, but has heard nothing since.

Michael King, MPS, the NPA's pharmaceutical administrator, has written on his members' behalf pointing out the complaints and again requesting refunds.

"Clearly you are enticing our members into contracts with promises you have no intention of honouring. I should also like to say that we are appalled at your total lack of courtesy in failing even to acknowledge letters" he says.

C&D tried to contact one of the companies involved, but found the number given in their literature had been disconnected.

## Oxygen service fine says FPC

**A motion supporting the present domiciliary oxygen service is to be put to the tenth annual meeting of the Society of Family Practitioner Committees, in Southport on October 11 and 12.**

The motion, from Staffordshire, says that the patient's interest is best served by continuing the present arrangements through family practitioner services.

Other motions express concern about problems arising from repeat prescribing, particularly in the elderly, and call for dispensed medicines to be labelled to draw attention to side-effects, particularly those which impair mental and physical ability.

Another motion, from Kent, calls for deputy lay members to be appointed to the Rural Dispensing Committee in order to reduce the delays in hearing appeals, caused by the greater than expected workload.

In its annual report, to be presented at the same meeting, the Society's management committee has expressed concern about parallel importing. In its opinion changes were needed to ensure the system of remuneration did not encourage parallel importing.

Following a case to the Health Service Commissioner concerning the withdrawal of an "hours of service" concession in which the FPC had been found guilty of maladministration, the DHSS had considered amending existing regulations, conferring a right of appeal to the Secretary of State on chemist contractors in cases when neither the FPC or LPC will sustain their appeal.

The management committee had informed the DHSS it did not consider this reasonable.

The question of local and therapeutic committees had been discussed during the year. The committee felt great benefits could be derived from such groups, providing a forum for discussing rational therapy, though it is stressed that economic prescribing should not be the primary aim.

A further approach had been made to the Department of Health affirming the Society of Family Practitioner Committee's support for the concept of rational location of pharmacies.

■ The British Diabetic Association has announced that it will distribute over £1 million in research grants during 1984, its golden jubilee year.



Mrs Beryl Walton of Smith chemists, Kidderminster won first prize in the Predictor competition for chemist assistants. Beryl and her pharmacist husband Joseph have won a holiday for two in Crete. Territory executive Paul Brace (left) and divisional sales manager Peter Clare of Chefaro Proprietaries presented the prize



By Xrayser

## 'Home doctor' may break ad Code

**Dr Michael Wilson, chairman of the General Medical Services Committee intends to write to the ABPI Code of Practice Committee in an attempt to stop drug companies "advertising" prescription products on a "home doctor" programme proposed for British Telecom's Prestel service.**

Dr Wilson says that companies may break the Code of Practice on advertising because the "home doctor" service, to be provided by Information Transfer International (see *C&D* September 15, p435), proposes to include "references to prescription medicines with suitable patient information data placed by the relevant ethical drug house."

The Code of Practice for the Pharmaceutical industry states that: "Medicines which cannot legally be sold or supplied to the public otherwise than in accordance with a prescription, must not be advertised to the public," and: "Statements must never be designed or made for the purpose of encouraging members of the public to ask their doctor to prescribe a product."

In an interview on Radio 4's *"You and Yours"* last week, Dr Jan Jouhar, chief executive at ITI, said information to be supplied by the "home doctor" would be no more than is being given on manufacturers' so called "patient information leaflets." Dr Wilson, also interviewed on the Radio 4 programme, contended that doctors are all for patient's receiving information but patient leaflets are obviously given after a preparation has been prescribed. The "home doctor" service would furnish patients with the information before they go to the doctor.

Dr Jouhar argued that the information referring to prescription drugs to be used by ITI is based only on information approved by manufacturers and the Department of Health.

An ABPI spokesman told *C&D* that any information given will obviously have to conform with the Medicines Act and any company supporting the project will have to ensure that it does not break the Code of Practice. But he admitted it was a grey area and the Code of Practice Committee would have to assess whether individual cases broke the Code.

**The Asthma Society** has designated October 6-13 Asthma Week, to be launched by a national conference sponsored by Fisons Pharmaceuticals.

*Chemist & Druggist 29 September 1984*

## Isle of W-right?

Congratulations to the Isle of Wight Local Pharmaceutical Committee who had the wit to organise a proper resistance to the proposal by the International grocery chain to open a pharmacy department in their store at Newport. The straight-faced statement by the company that their policy is to open pharmacies only when the local service is poor or in need of competition is shown to be just words.

It may be of interest to learn that the pharmacy department opened in the centre of Bournemouth, in the Mainstop store, a subsidiary of International, presumably also in response to local need, has been closed. It is clear that the pharmaceutical bodies *must* band together in a programme designed to limit unnecessary openings by insisting that genuine need has to be shown for a new contract to be issued in any given area.

## Hell's fire

And damnation to that miserable sinner, Xrayser! For if even to think something, is to sin, then he is a poor sinner indeed. At this point, to make things clear, you ought to turn to page 578, where under letters to the Editor, you will see the offering of Mr G.I. James, managing director of Richard Daniel and Son. A letter surprisingly abusive of my integrity and foresight.

However, I find it amusing to have my own reasons for not importing drugs being used against me. My reasons are clear enough. I do not feel my integrity is at risk. For the three years or so PIs have been around, I have continued to buy UK goods from UK suppliers at UK prices.

All of us have watched with some degree of frustration the import and use of drugs from abroad. We have seen contractors creaming in excess of £10,000 a year extra net profit, with the DHSS doing nothing. The importers got away with it, and now the Government has set about regularising the situation with the issue of product licences, which will ensure product liability. Which surely removes one fundamental objection to the use of the product?

Recently my accountant discussed the figures for my business last year, which despite an increase in turnover, showed a gross profit drop of the order of some £2,000. The explanation for this lay in the changed prescribing of doctors following Government suggestions that they order for longer periods. I therefore earned less, but had to lock up a further £2,500 in dispensing stock.

What I was suggesting, was with my

professional objections to previously unlicensed goods removed, and the Government specifically encouraging their use with a variety of incentive schemes, I would consider buying from importers if the wholesalers didn't come up with the goods.

Mr James's concern for wholesalers seems a bit overdramatic when you think about it. If they can work on margins as tight as he suggests, then I would expect then to wipe the floor with the present bunch of opportunists, who are working on anything from 5-20 per cent, when they start parallel importing.

## Don't go logo

You have been warned! Don't follow my example. I believe as a member of the Society, who without any choice in the matter, contributed towards the £12,000 it cost to produce the new logo, I have the right to put up an accurate facsimile on my shop. Philip Paul, PR man for the Society, tells us the copyright is held by the Society, whose permission is needed before it can be reproduced.

I take a dim view of anyone in PR telling me, a pharmacist, that the policy "Is necessary to protect the integrity of the symbol . . . and is in the best interests of the members!" So we give the monopoly to one big manufacturer? I ask again, how much did Claudgen pay for the sole selling rights to what could be 11,000 signs, and what happened to the money?

## Spooning

Not long ago a rep called in and sold me a gross of Actified Co which he said worked out about 15 per cent cheaper than buying it by the 2l bottle. Sounded daft to me, especially when you consider the container cost, but who am I to argue.

The idea was that we should use it to dispense as well as to retail. I proposed to issue it in the original containers, suitably labelled of course, but my dispensary staff, being well trained purists didn't think much of that idea. I found them busy emptying it into the winchesters, when they thought I wasn't looking. How to save money and get rich!

Anyway the spin-off benefits, after all that labour, lay in the cartons, each of which contained a beautiful double ended spoon. Elegant white plastic, 5ml one end, 2.5ml the other. Two small knobs under the 5ml rounded-end keep the spoon level on a table. It is well designed, practical and the perfect rebuttal of DHSS nonsense about the impossibility of designing an accurate 2.5ml measure, for infant medicines.



## Colman's sell Caxton to Edme

Colman's of Norwich have dropped out of the homebrew market with the sale of Tom Caxton to Edme.

Edme had been looking round for a recognised homebrew range, with a well-known name to complement their own manufacturing facilities. Colman's who were involved only in packing Caxton kits, saw little future for the range among their main customers — the supermarkets.

Neither company is giving details on the amount paid for Caxton, although Edme feel they got "a snip."

Edme, who have put little muscle behind promoting their own kits, promise greater support for Tom Caxton. They're currently looking for a marketing director, a newly-created job which sales director Richard Holt says "urgently needs filling." A television spend of £½m is planned for early next year.

Edme say Caxton sales are currently good, but hope they can be improved further. It's thought their target is a number two spot behind Boots, who lead the market with a share of about 27 per cent. Orders should go to usual wholesalers or direct to *Edme Ltd, Misty, Manningtree, Essex CO11 1HG*.

## Algipan in spray

Wyeth have added a 100ml Algipan spray presentation (£1.34) to their existing rub range.

A colourless, rubefacient spray with a faint lavender smell, Algipan is indicated for the relief of muscular pain and stiffness, sprains and strains.

Advertising in the national Press will take place from November to next March, and the spray will be supported by display bonuses available from Wyeth representatives. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH*.

## Unichem golden dozen offer

Unichem's tenth golden dozen promotion will run throughout October.

Products available are Atrix cream and lotion, Brut 33 creme shave and travel shave, Complan and Complan natural, Dr Whites, Gillette Blue II fixed and swivel, Kleenex for Men, Marigold gloves, Matey,

Nurofen, Poly foam perm, Silvikrin Shaders & Toners, Sunsilk hairspray. All products will be featured on price cards, shelf barkers and posters.

Members' offers promotion also running throughout October includes these products: Alberto VO5 hot oil and Styling Mousse, Anadin, Aspro Clear, Badedas, Bic 5's, Bickiepegs, Blisteze, Born Blonde colourant and lightener, Brylcreem, Buf Puf, Buttercup sweets, Contac 400, Discover 2, Disprin, Flex conditioner, shampoo and penetrating conditioner, Galloways, Germolene, Grecian 2000, Lady Grecian, Handy Andies, Imperial Leather dry roll-on, dry aerosol, talc, bath foam, shower gel and soap, Interdents, Johnsons cotton buds, Karvol, Lemsip, Liquifruit, Listerine, Listermint, Milk of Magnesia, Milupa infant foods, Moncler Derma cleansing gel, moisturising cream and complexion care gel, Tendasoft panty pads, Pearl Drops, Pears soap, Peaudouce, Pennywise, Pin-up perm end curl and full head, Potter catarrh pastilles, Progress, Recital, Silkience hairspray, Silkience shampoo, Simpla tablets, Simple soap, cleaning lotion, moisturising lotion, skin tonic and cold cream, Snugglers, Strepils, Trugel Vymin, Wella Colour Confidence, Stylite mousse and wet gel, Woodward's gripe water. A selection of the products are available on price cards, shelf barkers and posters.

Sundries on offer throughout October are: Addis hairbrushes, Unichem manicure range, Health & Heather garlic perles, Griptight range, Tommee Tippee, Benjy Bibs, Croydex bathroom range. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey*.

Unichem have launched a range of "get well" cards. They come in packs of six dozen (trade price £11.75) each containing six different styles of cards. The selection will be changed regularly, say Unichem. The cards have a minimum rrp range of 22p and 33p each but Unichem suggest they could sell at some 50 per cent higher. A "Get Well Wishes" display stand is available at £2.50 or free with an order for two card packs as an introductory offer. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey*.



## New 'look' for Wella

Wella have repackaged their Colour Confidence range in burgundy, pink and gold livery. Eighteen shades in the Colour Confidence range, plus Blondie and the hair streaking kit come in boxes portraying "younger, more modern hair colours and styles."

Wella is introducing new merchandising material to match the new packaging and spending £1 million in a Press and TV campaign. The Press campaign which will feature the new packaging, begins in October followed by the TV campaign early in 1985.

A consumer promotion entitles anyone who buys a Colour Confidence product before March 13 1985 to apply for a personalised horoscope. *Wella Great Britain, Wella Road, Basingstoke, Hampshire*.

## ICI extend Care

ICI are transferring six medical products to OTC subsidiary Care Laboratories.

The products affected are: Cetavlex, Cetavlon, Hibitane and Lorexane cream 1 per cent, medicated shampoo and no 3. ICI say these products enjoy "significant" OTC sales, and so feel it more appropriate to market them through Care, who take on the new responsibility on October 1.

The change is part of ICI's strategy to develop Care's OTC business, following the sale of Goya. *Care Laboratories Ltd, Badminton Court, Amersham, Bucks*.

## Neutrogena T/Gel and liquid

Neutrogena is now available as an extra mild, hypo-allergenic liquid for facial cleansing. Liquid Neutrogena is said to wash away debris without stripping skin of its protective oils.

The product comes in a shatter-proof pump dispenser (8oz £3.95), providing enough to cleanse the face over 200 times.

Another introduction is Neutrogena T/Gel tar shampoo (125ml £2.49) which has a herbal fragrance and leaves no tar odour on the hair. Regular use relieves itching and flaking scalps says the company. The product is available on prescription. Prescribing information next week. *Neutrogena (UK) Ltd, 2 Mansfield Road, South Croydon, Surrey*.

Chemist & Druggist 29 September 1984



# NEW GENERIC

**ANOTHER GENERIC FIRST FROM**  
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10mg Securitainers of 30 and 250

20mg Securitainers of 30

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**For special October offer contact your regular  
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*Another NEW generic from*

**Generics  
(UK) Limited**

Station Close Potters Bar Herts EN6 1TL Tel Potters Bar (0707)44556 Telex 22899 GEN UK G

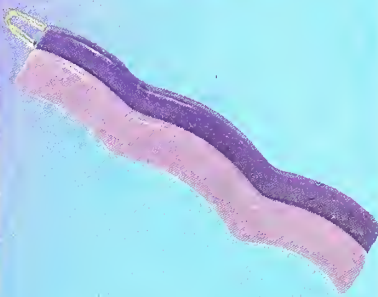
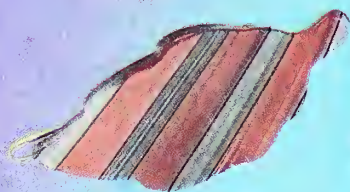


**...the only difference is...  
our prices are much easier to swallow!**



# Looking Great.

Britain's No. 1 Lady in Haircare... Lady Jayne. New colourful high impact packaging. Unique fashion accessories. Ponytailers, hairslides, bobbles, regularly introduced to the range. Keep ahead of fashion trends. Stock the brand leader Lady Jayne.



The Lady Jayne range of Hair Fashion Accessories includes the very latest decorations, styles and colours, and some new and exciting developments too!

*Lady Jayne*

Laughton and Sons Limited, Warstock Road, Birmingham  
021-474 5201

## COUNTERPOINTS



Jerome Russell have introduced three bathtime products for children. Miss Moose shampoo for girls, Mr Moose shampoo for boys and Girls and Boys conditioner mousse all come in 80ml canisters (£1.39). The non-sting products will bring fun to bathtime say *Jerome Russell Cosmetics Ltd, 102 Tanners Lane, Barkingside, Ilford, Essex IG6 1QE*.

### A gem of an idea

Gem dry shampoo has been repackaged and two hairsprays and a setting gel are added to the range.

Gem dry shampoo is now available in a bright orange trimline can (150ml, £0.99) with a "fine mist" formulation and the "non-sticky" hairspray in normal and extra hold with added conditioner (170ml £0.59) comes in blue and pink cans.

Gem styling and setting gel (100ml, £0.55) is available in a clear jar. Launch parcels containing one dozen of each product are available from *Richards and Appleby, Skelmersdale, Lancs*.

### Perfume offers

Chesebrough-Pond's are to promote Cachet and Chimere. A free 9ml Cachet eau de toilette spray is banded to a 28ml size (counter unit of 12, £28.23 trade) while a "silver-look" atomiser is banded to a 30ml eau de toilette (pack of 12, £23.74 trade).

For Chimere a 9ml eau de toilette atomiseur is available for £0.99 (unit of 36, £20.14 trade) and a 9ml purse spray comes banded to a 22ml eau de toilette (unit of 12, £26.76 trade). *Prince Matchabelli, PO Box 242, Consort House, Victoria Street, Windsor, Berks*.

### Babyliss add to range...

Babyliss are launching three products for the Christmas period to be supported by an advertising campaign in the women's Press.

A hair styling set includes a black and gold two-speed hair dryer which operate at 500 and 1000 watts and a hot brush. The single-voltage set costs £19 and the double-voltage £21. The hot brush has a 20mm barrel and an automatic push-button hair release device. Both items come with a matching travel bag. The magic pocket curler "designed to save valuable baggage space", comprises a hot brush and a curling iron in one unit. The barrel of the curler retracts into the handle and will fit into a handbag, says the company.

It is available in the club red and black range (£12.45) or in the classic black and gold range (£14.95).

The epilmatic hair remover (£19.95) features a low temperature, hydrosoluble wax produced from natural wax mixed with glucose. The kit comprises a container for heating the wax in and a roller head and cellophane strips for application (these are also available separately). The epilmatic comes in an opium and gold colour scheme.

Full colour advertisements will appear in the October and November editions of *Company, She, Cosmopolitan, Over 21* and *Options* magazines. *Stranding Son and Co (Hull) Ltd, 101 Spring Bank, Hull HU3 1BJ*.

### ...and Philips too

Latest additions to the Philips Small Appliances range are the Chic 800 styler dryers in dove grey. The HP4516 (£12.99), HP4517 (£14.99) and the HP4518 (£16.99) have a variety of hair-styling attachments. The HP4516 has an interchangeable comb "to untangle the hair while drying", and a round brush for small curls and waving.

The HP4518 comes in a presentation case with a smoked lid. Attachments include the round brush, comb, hairbrush, needle brush "to comb the hair and massage the scalp at the same time", and a styling nozzle. The HP4517 has fewer attachments and comes with a pouch for storage and travelling.

The dryers have an automatic cut-out to guard against over-heating. *Philips Small Appliances, Drury Lane, Hastings, Sussex TN34 1XN*.



# LEAP YEAR AGAIN!

Before you check your diary – it's only Complete Care that has a leap year every year. Sales have leapt to double year on year and

we've jumped over some formidable competitors to double our brand share year on year too. One reason for the record performance has been Complete Care's unique product benefit of improving the condition of both hands and nails.

Another reason has been the response to Complete Care's television advertising. In the areas supported by television last year – sales trebled.

So expect another leap year soon. We've got a date with national television from this October for 4 months. There's also a full support package including 2½ million 25p off coupons in womens magazines and new shelf display of 12 cream and 12 lotion together.

It's all part of staying one jump ahead – and making sure that history repeats itself.

## Complete Care

the fastest growing hand care brand.



CROOKES  
**Complete  
Care**  
hand & nail  
cream

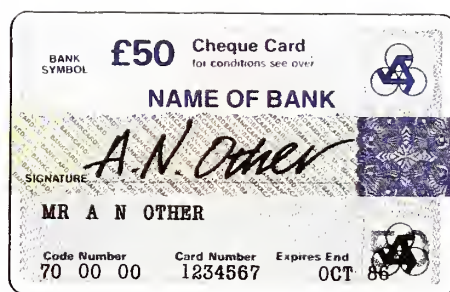
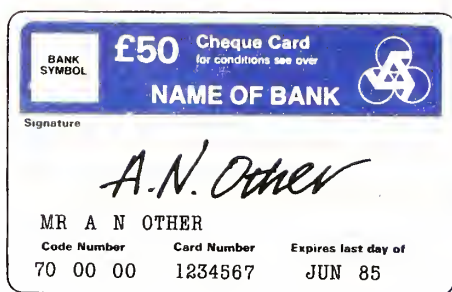


Beautiful hands  
right down  
to your fingertips

Softly Fragrant



# NO PEACE FOR THE WICKED



On the left, the existing cheque card. On the right, the new-look cheque card.

The existing card was introduced 15 years ago.

While it has made cheque card fraud difficult, criminals have become more determined and ingenious. With the result that, in 1983, cheque card fraud losses ran to over £20,000,000.

The new-look card, however, can't be copied or changed without showing obvious signs of alteration.

So, with a little help from you, life is going to become very difficult for criminals.

## How does it work?

In much the same way as the existing card (the Conditions of Use are set out on the back). Of course, it is still up to you to check the details on the card and the cheque before carrying out a transaction.

As before, the card contains a code number which must correspond with the code number on the cheque, a card number, the customer's name, and an expiry date. Your vigilance in checking the cheque card details against the cheque itself – particularly the signature – will be crucial to the success of the new card in checking fraud.

But one feature that makes this card a criminal's nightmare is the ingenious hologram in the lower right-hand corner. You can look 'into' it and see the words 'Bank Card' a symbol matching the one in the top right-hand corner of the card, and the figure '£50'. (As before, the card

covers an amount not exceeding £50 in a single transaction.)

It's in your interest to check the hologram before any transaction. If any of the new cards doesn't have the hologram, it's a dud.

It's also in your interest to report anyone trying to pass off a forgery. A £50 reward is normally paid for the recovery of a defaced, altered or forged cheque card.

## What about the old card?

The new-look cheque card will be in circulation as from October 1st, 1984 but it will take some time before every cheque card holder is issued with one. So, in the meantime, provided they are still valid, all current cheque cards should be accepted until they are replaced during 1985.

But you must check that all the details are correct – the matching code number, the name, the signature and the expiry date – and always write the card number on the back of the cheque.

## And the future?

With this new card, and your continued vigilance, we can make life so difficult for the criminal that cheque card fraud just won't pay.

Good news for all of us.

Bad news for the villain.

## THE CHEQUE CARD TO CHECK CARD FRAUD

Bank Cheque Card Committee

10 Lombard Street, London EC3V 9AP Telephone: 01-283 8866



## Watching the women's Press

The following column lists advertisements for chemist merchandise due to appear in the IPC women's Press. The magazines are divided into three categories — weeklies (W), monthlies (M) and magazines aimed at the younger end of the market (Y). The monthly magazines covered are the November editions due to appear mid-October.

Albion Simple soap:	M, Y
Elizabeth Arden Eye-fix:	M
skin care:	Y
Ashe Labs Sherleys:	W
Beechams Baby Ribena:	M
Badedas:	M
Germoloids:	W, M
Germolene:	W, M
Vykmin:	W, M
Yeastvite:	W, M
Bowater Scott Minima:	Y
Braun Electric:	M, Y
Bristol Myers Glints:	Y
British Chemotheutic Nylax:	W
British Tissues:	M
Brodie & Stone Jolen:	Y
Carter Wallace Pearl Drops:	Y
Chanel:	M
Charles of the Ritz:	M
Chattem Mudd:	Y
Sun-in:	Y
Thomas Christy skincare:	M
Clinique:	M
Combe Lanacane:	W, M
Limbo bath oil:	W
Cow & Gate:	M
DDD Blistez:	W
Dentinax:	M
Christian Dior:	M
Elida Gibbs Harmony:	W, Y
Mentadent P:	M
Signal:	M
Timotei:	Y
Givenchy:	M
Guerlain:	M
Harvey Scruton Nurse Harvey:	M
Health & Diet:	M, Y
Heinz babyfood:	W, M
Innoxa:	M
Johnson & Johnson Carefree:	W, M
Jordans:	M
Kimberly Clark Kleenex:	M
Maxi-Dry:	W
Lancôme:	M
G R Lane Quiet Life:	W, Y
Larkhall Labs Lipcote:	M, Y
Estee Lauder:	M
Lever Brothers Domestos:	M
Lilia-White Contour:	M
Mason Pearson:	M, Y
Max Factor:	Y
Mentholatum Stop'n Grow:	Y

Milupa:	M
National Pharmaceutical Association:	W, M
Nicholas Labs Almay:	W, M, Y
L'Oreal Color-Glo:	Y
Elnett:	W
Free Style:	Y
Frequency:	M
Peaudouce:	M
Pedigree petfoods:	M
Pickles Snowfire:	W
Plough Maybelline:	W, Y
Proctor & Gamble Pampers:	M
Rapidol Inecto:	W
Reckitt & Colman Bonjela:	W
Dettox:	W
Revlon:	M
Richardson Vicks	
Moncler Derma:	Y
Night of Ulay:	M, Y
Rigease Coty:	M
Rimmel:	W, M, Y
Robins Robitussin:	W, M
Seba Med:	M
Robinsons baby foods:	M
Roc:	M
Rochas:	M
Helena Rubinstein:	M
Yves Saint Laurent:	M
Vidal Sassoon:	Y
Schwarzkopf:	W, M
Searle Canderel:	W
Tampax:	W, Y
Thompson Aqua Ban:	W
Thornton & Ross Zoflora:	W
Vichy:	M
Wella:	W, M, Y
Worth:	M, Y

## Television boost for Topex...

Topex is being given national television and regional Press support starting this week. The £300,000 television campaign on Channel 4 and ITV features 30-second testimonial advertisements and ten-second reminders. Press advertising takes the form of L-shaped advertisements in Scottish dailies. *Richardson Vicks Ltd, Rusham Park, Whitehall Lane, Egham, Surrey.*

## ...and Seven Seas

Seven Seas cod liver oil capsules are to be featured on television during October and November. The commercials will be seen on Yorkshire and Tyne Tees from October 1-14, and on Midlands, Anglia, and in all Channel 4 areas throughout November. *Seven Seas Health Care Ltd, Marfleet, Kingston-Upon-Hull.*

## Evening primrose joins Ladycare

Booker Health Products' Ladycare range is being extended with the addition of Ladycare oil of evening primrose.

The 250mg capsules are available as a 10-day pre-menstrual supplement, the rationale being that the symptoms of pre-menstrual syndrome may be due to low levels of prostaglandins. Gamma linolenic acid, found in evening primrose oil, is prostaglandins.

A month's supply of 40 capsules (£3.50) comes in foil blister strips and the yellow packs continue the Ladycare theme. The products is not licensed as a medicine. *Booker Health Products, 45 Station Approach, West Byfleet, Surrey.*

## Book of Wisdom

Wisdom is to promote its children's toothbrushes this Autumn through Pan Books' "My first" publications.

The book which retails at £4.95 is aimed at children aged 3-8 years old. It includes a junior toothbrush, disclosing tablets and a mouth mirror and describes the fight against tooth decay using characters such as Mac the Plaque, Devilish Dan Decay and Odd Germ. The book is to be offered to chemists by the Addis salesforce and is expected to be on sale in Boots and John Menzies. *Addis Ltd, Brushworks, Hertford, Herts.*

## ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television	C4 Channel 4	

Askit powders:	So
Bisodol indigestion remedy:	M, Sc, U
Cidal soap:	Bt, C4
Crookes One-a-Day:	All areas
Elastoplast:	All areas
Equalia 2000:	C4(M, Lc)
Hermesetas Gold:	All areas
Mafu:	Bt(Ln, So)
Milton:	All areas
Moncler Derma:	All except U
Philishave rechargeable shavers:	All areas
Pond's creams:	All areas
Roll Fresh	NE, So
Sanatogen:	Bt
Seven Seas:	NE, Y
Simple soap & skincare	Ln, M, A, Bt, C4
Topex:	All areas, C4



## Panadeine forte and soluble tabs

Winthrop Laboratories have introduced two new Panadeine formulations.

Panadeine forte tablets contain paracetamol 500mg and codeine phosphate 15mg. The Prescription Only preparation is intended for relief of moderate pain when something stronger than standard Panadeine is needed.

The tablets are red, film-coated and capsule-shaped. They come in cartons of 100 (10 foils of 10) (£4.35 trade).

Adults may take two tablets up to four times daily. The preparation is not recommended for children. It is contraindicated in patients hypersensitive to either ingredient. Patients should be warned that the preparation may cause drowsiness and not to drive or operate machinery if affected. It may also potentiate the effect of alcohol.

The second product, Panadeine

soluble, is available in a dispensing pack of 60 tablets (£2.28 trade): each tablet contains paracetamol 500mg and 8mg codeine phosphate. It has a Pharmacy only classification and is intended for relief of most types of pain when a liquid analgesic is preferred. Adults may take two tablets dissolved in a tumblerful of water up to four times daily. Children 7-12 years old may take ½-1 tablet not more than four-hourly and not more than four doses in 24 hours. It is not recommended for children under seven years old. *Winthrop Laboratories, 1 Onslow Street, Guildford, Surrey GU1 4YS.*

## Quinoderm cream 5

**Manufacturer** Quinoderm Ltd, Manchester Road, Hollinwood, Oldham, Lancs OL8 4PB

**Description** Creamy white, astringent, vanishing, water-miscible, cream base

containing benzoyl peroxide 5 per cent and potassium hydroxyquinoline sulphate 0.5 per cent

**Indications** Acne vulgaris, acneiform eruptions, folliculitis

**Administration Adults and children:**

Gently massage over the affected area two or three times daily

**Precautions** Hypersensitivity to the cream occurs occasionally therefore apply to small area of skin behind the ear and leave for 12 hours. If severe irritation or pronounced redness occurs do not proceed. Avoid contact with mouth and eyes. Preparation may adversely affect dye fastness

**Packs** 50g tubes (£1.24 basic NHS, £2.14 retail)

**Supply restrictions** Pharmacy only  
**Issued** September 1984

## Glypressin

Glypressin (terlipressin) is a biologically inactive analogue of lysine vasopressin which, it is claimed, provides a smooth

# SELL IT OFF SPUR!

No other modular storage and display system shows off your stocks as well as Spur. For Britain's best shelving system now includes good looking, floor-to-ceiling shelving, murals and gondola display units.

Superior design and the use of only the finest steels enables us to combine immense strength with a choice of attractive, durable finishes. All for remarkably competitive prices.

The uprights and brackets come in a wide range of sizes, with a host of thoughtful attachments to solve every storage problem. There are canopies, peg boards, steel shelves, magazine shelves, book ends, shelf ends, cabinet brackets...and lots, lots more.

All in all, the Spur range has really grown.

So show sense. Call us on (0923) 26071 or complete the reader reply card - today!

## SPUR

**Modular Shelving and Display System.**

Spur Systems International Ltd., Otterspool Way, Watford, Hertfordshire WD2 8HT. Tel: (0923) 26071. Telex 22401.





prolonged control of portal blood pressure as active vasopressin is released by enzymatic action.

Indicated in the treatment of bleeding oesophageal varices, at a dose of 2mg four to six-hourly for up to 24 hours (5 x 1mg vials £95, basic NHS), Glypressin is likely to be used in hospitals only. *Ferring Pharmaceuticals Ltd, 11 Mount Road, Feltham, Middlesex TW13 6JG.*

## Feldene suppositories

**Manufacturer** Pfizer Ltd, Ramsgate Road, Sandwich, Kent CT13 9NJ

**Description** White to off-white, torpedo-shaped suppositories containing 20mg piroxicam

**Indications** As for Feldene capsules

**Dosage** As for Feldene capsules

**Contraindications** Active peptic ulceration. Feldene should not be used in patients with a known hypersensitivity to aspirin or other non-steroidal anti-inflammatory drugs

**Precautions** The safety of Feldene

suppositories used during pregnancy or lactation has not yet been established

**Side effects** As for Feldene capsules

**Storage** Below 25°C. Do not refrigerate.

**Shelf life** two years

**Packs** Foil wrapped strips of 5 in carton of 10 (£4.95 basic NHS)

**Supply restrictions** Prescription only  
**Issued** September 1984

## Tamoxifen from Generics (UK)

Tamoxifen tablets 10mg and 20mg are available from Generics (UK).

The 10mg tablets are white and marked "TN 10" on one side and "G" on the other. They come in Securitainers of 30 (£7.72 basic NHS) and 250 (£60.42). The 20mg tablets are white and marked "TN 20" on one side and "G" on the reverse. They come in Securitainers of 30 (£12.12).

Promotional prices are offered throughout October from CP Pharmaceuticals and Macarthy's, say *Generics (UK) Ltd, Station Close, Potters Bar, Herts EN6 1TL.*

## BRIEFS

**Rapifen 10ml ampoule:** Rapifen is to be available in a 10ml ampoule (10, £33.94 basic NHS) from October 1, in response to its increasing use by infusion.

The concentration of alfentanil is the same as the 2ml ampoule ie 0.5mg per ml. A 5 per cent discount is available on packs bought direct.

The 10ml Rapifen ampoule will be the first product to carry Janssen's new colour coding system for ampoules which is to take effect over the next few months, say *Janssen Pharmaceutical Ltd, Grove, Wantage, Oxon OX12 0DQ.*

**Visken markings:** Viskin 5mg tablets are now scored on one side and marked "Visken 5mg" on the other. *Sandoz Products Ltd, PO Box Horsforth No 4, Calverley Lane, Horsforth, Leeds.*

**Pulmicort inhaler pack:** Pulmicort inhaler will be available in a combination pack from October 1. The pack includes a Spacer inhalation adaptor and a standard adaptor. *Astra Pharmaceuticals Ltd, Home Park Estate, Kings Langley, Herts.*

**Who's the world's largest dry cell battery manufacturer?**  
**Whose batteries are used by NASA?**





If Jōvan Musk Oil  
can empty these, think  
how our range  
will empty your shelves.

● **MUSCLE BUILDING PAGAN MAN**,  
own cave Hampstead Heath, seeks Pagan  
lady with long hair and fur coat to warm  
him at night. Box 66

● **ATTRACTIVE** sensual graduate male  
23. Studying the philosophy of Sex Appeal.  
Seeks musky lady to help with practicals  
Box 69

● **CHIROPODIST** needs sole companion  
to toe the line. Harold. Box 84

● **MG OWNER** seeks easily impressed  
young lady. Box 277

● **ADMAN** seeks legal, decent, honest and  
truthful relationship. Box 384





Jovan Musk Oil brings people together better than any Lonely Hearts column.

Which is precisely what we're suggesting in our new pre-Christmas advertising campaign.

With whole page colour ads in SunDay magazine and women's press, it can't fail to score.

Of course, Jovan have other baits with which to lure your customers.

And like your customers, they come in male and female variants.

To support the campaign our sales teams are girding their loins for action.

They'll be calling on you soon to advise you on stocking, pricing and merchandising.

All of which should lead to increased sales and, of course, increased profits. And that has to be an attractive proposition.

**JOVAN**



# Hailey's comment

**"Strong Medicine"** by Arthur Hailey. Michael Joseph/Souvenir Press. 430 pp, £9.95. Hardback. ISBN 0 7181 2469 3.

*"From the writer who brought to millions the glittering world of 'Hotel' . . . this immensely powerful novel takes the reader deep into the heart of the pharmaceutical industry, where millions of dollars and millions of lives hang on every decision . . . It is the story of the battles between ethics and profits, and of the heartbreaking tragedy that rocks the industry."*

You could forgive ABPI director Dr John Griffin if, seeing the above blurb, he suppressed a shudder, fearing tabloid-style sensationalism in the air.

Another cheap shot at the industry, then? Airport bookstall fodder with the usual blockbuster's sex, wealth and power fantasies? "Dallas" on the printed page?

Well, actually, no. They say no man should be held responsible for his own hype, and Hailey's view of the pharmaceutical industry is for the most part a well-reasoned, even sympathetic, one.

"Strong Medicine" centres round Celia Jordan, who enters the story as a saleswoman for the fictional Fielding-Roth Pharmaceuticals, and her doctor husband Andrew.

Celia is an early version of the emancipated woman (we first meet her in 1957), whose rise and rise at FR over the following 27 years eventually sees her president of the company.

Along the way, there's the fight for more ethical sales practices, a near-miss when FR almost take on thalidomide, a later mirror-image tragedy, a tenure with the company's OTC subsidiary, tussles with the Federal Drug Administration, run-ins with the con-

sumerist Citizens for Safer Medicine and . . . well, suffice to say Hailey crams it all in.

But his (non-scientific) research has been thorough, and he seems to have got a pretty good grasp of the arguments. Witness this exchange between Celia and her opposite number at Citizens for Safer Medicine:

*"No-one needed all the different variants of Valium they brought out," said Staveley. "There is no benefit, no possible advantage in having five different Valiums around. Yet another Valium was a huge financial success, other companies devoted months, even years, of research simply to have a Valium of their own under a different name!"*

*Celia said impatiently: "Everybody knows there are 'me-too' drugs, perhaps more than there should be. But they do sometimes lead to new discoveries; also they keep pharmaceutical companies — which society needs — solvent between big breakthroughs."*

*Dr Staveley put her hand to her head in an incredulous gesture. "When every major drug that one company brings out is copied by others? That's why pharmaceutical research should be directed and controlled by government."*

*"I can't believe you're serious" Celia said. "You'd want drug research controlled by the same politicians who wrecked social security, spend billions needlessly, and would sell their grandmothers for votes?"*

It's not always as confrontational as this, but Hailey does manage to put both sides of all the issues he raises. And that's important. It will be from books like this — with Hailey's name it's almost guaranteed bestseller status — as much as from the popular Press and television that the public will form their opinion of the industry.



But it's with Hailey's characters that the Dallas syndrome does start to rear its head. No-one is even remotely ordinary. Celia and Maud Staveley are both highly intelligent, very formidable and extremely attractive. Andrew is not only a saintly doctor, but "white-haired, handsome and distinguished." The Jordan children are impossibly perfect.

On the other side of the coin, Andrew's medical partner turns out to be an addict, the FDA's Gideon Mace an alcoholic, and Celia's superior at Fielding-Roth grandfather to a child deformed by the mother's use of drugs during pregnancy.

Even Yvonne Evans, an encouragingly down-to-earth lass when introduced as girlfriend to brilliant British researcher Martin Peat-Smith later emerges as the possessor of a photographic memory.

It must also be said that some of the descriptive stuff and, more particularly, the dialogue, is rather — well — corny:

*"Rao Sastri wrung Martin's hand. 'My goodness! All along you were right. It entitles you to say to the rest of us 'Oh ye of little faith!'"*

*"Andrew sat up, awake, the phone having penetrated his consciousness."*

Some of Hailey's names are also a little over the top. This is a book populated by Dwight Goodsmiths, Gertrude Tilwicks and (a favourite) Childers Quentin.

But, carping aside, Hailey's prose is mostly efficient and un-fussy. He moves the story on effectively enough, carrying the reader with him more often than not.

In closing, we should note that the community pharmacist gets a very good Press from Andrew. He's talking here to his kids:

*"Are there bad mistakes made by doctors with drugs?" asked Lisa.*

*"Plenty of times" Andrew said. "And there are other times when an alert pharmacist will save a doctor from a mistake by querying a prescription. Generally pharmacists know a lot more about drugs than doctors do."*

*Bruce asked shrewdly "But are there many doctors who admit it?"*

*Andrew answered "Unfortunately, no. As often as not, pharmacists get treated as an inferior breed, not the colleagues in medicine they really are."*

Such fulsome praise from a practicing doctor? Ah well, it is fiction.



"Ah, but it's a glamorous life, Miss Threadgold!"





## Why get upset about head lice?

When your customers ask your advice about a louse treatment, always recommend Prioderm® (malathion) or Carylterm® (carbaryl) preparations.

Both of these modern insecticides kill lice and eggs within seconds of contact. In one application. Even lice now resistant to some other insecticides. And with a residual effect that prevents any new infestations for up to six weeks.<sup>1,2</sup> Could any other recommendation be more effective than this?

Recommend the most effective treatments of all.



**The Napp Comb**  
Improved design, superior to other combs on the market. Designed to remove dead eggs and nits from hair cleanly and easily. A useful adjunct for every insecticide custom

**Prioderm® and Carylterm® preparations**

Napp Laboratories, The Science Park, Cambridge CB4 4BH Member of Napp Pharmaceutical Group

References 1 J Roy Soc Health (1977) 97, (6), 291 2 J Roy Soc Health (1979) 99, (4), 173 © Napp Laboratories Limited 1984 ® Prioderm and Carylterm are Registered Trade Marks



# Clean up with Baby Fresh Tear off the coupon at bottom

Baby Fresh is a brand new baby-wipe from Bowater \* Scott. It's thicker, softer and stronger than any other wipe on the market.

American Mums went ga-ga: it's share grew from 1% to 44% between 1975 and 1980.

Not only that but it actually grew the market from 20 million packs, to 65 million packs.

And with a £1½ million ad spend over here, it's sure to wipe out the competition.

Still not convinced?

We'll get off your bottom and we'll send you a free sample.





esh.  
e  
he



Send for your free sample pack of Baby Fresh baby wipes.

Name \_\_\_\_\_ (Block Capitals)

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Please post your coupon to:—  
'Freepost', PO, Box 100, Crow-  
TN6 2EQ. No postage required.

Baby Fresh Sample Offer  
borough, East Sussex  
Allow 28 days for delivery.

BF/84

GD2



# 8,000,000 reasons why you should stock Selenium-ACE this Autumn.

**choice** July 1984

**Here's Health**

**The Health EXPRESS**

**Arthritis News** Summer 1984 Price: 20p

**WOMAN'S WEEKLY** 7th APRIL 1984

**SPRINGLIKE MOYGASHEL DRESS & SUIT OFFER** Buy the pattern for 94p or the fabric & pattern for just—£6.50

**DELIGHTFUL NEW SERIAL** Set in romantic Corfu

**SHED THE POSE**

**James Warwick** Crime has paid!

**Selenium-ACE**

**The weight of evidence grows daily.**

**WASSEN ORGANIC SELENIUM**

**Full colour.** Full pages in 4 colours in these important journals – with a combined readership of 8,000,000 – lead the opening phase of this new campaign for Selenium-ACE which continues into Summer 1985.

**Impactful.** Controversially headlined “Selenium-ACE. The weight of evidence grows daily”, the new testimonial type advertisement features a few of the hundreds of users who regularly write to us saying “Thank you for a wonderful product”.

**Personal referrals.** A recent survey highlighted personal recommendation by regular users of Selenium-ACE as a key factor in increasing sales every month throughout the country. We expect your local experience to confirm this continuous upward trend in over-the-counter sales.

**Selenium Yeast – Important.** All Selenium supplements are not the same. There is a difference between the sources of Selenium and its effectiveness when absorbed into the body. The Selenium used in Selenium-ACE is organically bound in yeast (without the taste) and is the most effective.

**New point-of-sale.** Ask your wholesaler for the new window stickers and leaflets. Also about limited stocks of giant packs for major window displays.

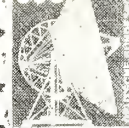
**STOCK UP NOW!**

Place your order for additional stock with your wholesaler today and don't be caught short!

## Selenium-ACE

The nutritional health insurance – for everyone.





# Court upholds pharmacy insurance PI deal

The West German pharmaceutical industry, which appears to have taken over the position as top of the media's hit list from the aerosol manufacturers — who were said to be endangering the world by damaging the ozone layer — was dealt another blow recently when one of its members lost a court action over parallel importing.

The Thomae company, who have now given notice of appeal against the judgement, complained that an agreement between health insurance companies and local pharmacists in Schleswig Holstein covering the dispensing of PIs was unfair.

The case involved the company's product Adumbran (oxazepam) and the use of a product imported from Italy of the same name. Since prices charged by German firms in their home market are generally higher than in other EEC countries, PIs are particularly attractive to

the cost-conscious health insurance companies. They have instigated an agreement with the pharmacists that PIs should be preferentially dispensed if they were cheaper than the corresponding non-imported products and have threatened to query invoices if pharmacists failed to do so. The court, in upholding the agreement, considered Thomae's objections were unfounded. The signs are that the use of PIs will increase.

A spokesman for a research organisation funded by leading drug firms has pointed out that each new drug currently costs some 155 million DM to develop. While recognising that PIs or re-imports may temporarily reduce the drugs bill, he thought that in the long term, the nation's economic situation and health can only suffer. He criticised "international parasitism," and that uniform drug prices within the EEC were unlikely in the foreseeable future due to different wholesale margins, pharmacy taxes and market forces.



## Public trust is high

Hard on the heels of the recent drubbing of pharmacists in the *Stiftung Warentest* magazine (C&D, September 1, p370) came a somewhat more reassuring study from a leading advertising agency, Lintas of Hamburg. It shows that 86 per cent of Germans interviewed considered that pharmacists are capable of giving sound advice on drugs.

The proportion who would buy medicines from a pharmacist rather than

visit a doctor has more than doubled since Lintas undertook a similar study in 1978. Some 45 per cent of the 800 people questioned thought that pharmacists were now more competent in drug matters than doctors. However, one third believed a pharmacist would only recommend drugs on which he made the greatest profit!

Doctors did not escape criticism either, as the study showed a marked deterioration in the attitude of the public to the medical profession. Lintas urged the pharmaceutical industry to increase its activity in the growing OTC field and to mount a strenuous campaign to reassure the rising percentage (from 46 per cent in 1978 to 58 per cent in 1984) of the public who said they were anxious over the side effects of drugs.



## World PL record

In 1983, the Federal German Health Authorities (BGA) granted nearly 1,000 new licences, the highest figure for any country in the world and an increase of 242 over the previous year.

Nevertheless, 48 applications were refused and 114 revoked, and the

president of the BGA believes that by 1990, the number of drugs on the West German market will be down by one third.

Only 16 per cent of new licences were for new drug entities and the proportion involving combination products (much commoner in Germany than in the UK) fell from 34 per cent to 24 per cent. POMs accounted for 76 per cent of new licences with cardiovascular drugs heading the list with 162, closely followed by antibiotics (157) and preparations for infusion and transfusion (120).



## Pharmacy journalism

Pharmacy's relationship with the media has indeed been a stormy one over the last year and grievances were jointly aired at a recent conference organised by an association of scientific journalists under the provocative title "Is health suffering from journalism?"

The popular tabloids and high circulation weekly magazines, who seem obsessed with health matters, are said to be the main source of information on drug and health matters for the majority of the population and were accused of happily mixing news and comment. The scarcity of scientifically-trained journalists and those capable of "translating" scientific jargon into everyday language was deplored by the editor of a television science programme, while another speaker pointed out that side effects, rather than cures, sell newspapers!

Doctors, pharmacists and drug companies were themselves partly to blame for their current bad Press as their mutual rivalry and jockeying for position did little to reduce health costs.

The conference concluded that health is not being impaired by the activities of the media, but journalists should adjust the dose, so as to optimise the healing effect and not further reduce compliance!



## Drug sales take 92pc

An analysis of business results for 1982 in a sample of 1,009 pharmacies makes for interesting comparison with their British counterparts.

Average total sales (including VAT) were DM 1,441,000 which represented a 2 per cent rise over 1981. Medicines (68 per cent on prescription) accounted for 92 per cent of this figure, as they have in every year since 1977. Sales of surgical requisites reached 3 per cent, cosmetics and skin care products 2 per cent and chemicals, dietary items and baby foods, 1 per cent each.

These reports come from a correspondent with acknowledgements to the German pharmaceutical Press: *Deutsche Apotheke Zeitung* and *Pharmaceutische Zeitung*.



# Coughs — not just a drop in the ocean

**"When all about the wind both blow,  
and coughing drowns the parson's  
saw,**

**And birds sit brooding in the snow,  
and Marian's rose looks red & raw"**

The shadow of my Winter season is the visit of the representative, Benny Benylin, with his artful offer of vast quantities of each variety of his cough remedy at very best prices, spread over four-monthly deliveries and not to be paid for until mid-November.

Each Spring I view the sprawling outers of the remainders and make a silent resolution not to load myself again with such an impossible quantity. But sure enough, by the time my friend calls in late June, one "flavour" or another is low and I am tempted yet again to start rebuilding my own "Great Wall of China" down the middle of my stockroom.

The reason is of course, that the coughs and colds season never really flags — there are just periodic peaks. Even in our recent "long hot Summer," there has been a steady demand — not least from our addicts. The few locals are known and controlled without much difficulty, but in the Summer we have the visitors, who stand at the counter asking for a cough mixture in a red box "for a friend." They say with all innocence they have forgotten the name but it's something like "Actid." It's not until the third time in the same week that you notice the same face, leaving the shop clutching the same red box that you realise the name of the game. I must say, the reformulation has helped the situation.

One very effective operative was the personable young lady who arrived with her props in the shape of a dispensing sachet containing the broken remains of a rather sticky 300ml bottle. "It's a prescription for my mother and I dropped it on the pavement. Can I buy a replacement?" Although the bottle is in several pieces, the label is decipherable. Patient's name, dose and drug, Phensedyl, supplied from a pharmacy in the next town. My suspicions are not aroused until she returns two days later requesting a repeat.

Obviously, like the early Christians, her family have all things in common. Coughs and a love of Phensedyl. No sale, of course, and my assistant who is well versed in these things and who has followed our conversation, soon reports that the would-be customer departed in a taxi, which, from the telephone number on the door, is from a large town 18 miles distant. I learn from

telephoning colleagues that the same ruse has been pulled over a wide area.

While one feels a sense of rueful resignation on such occasions, real irritation tends to surface when a customer settles down to a full five minute recital of his symptoms of catarrh, sinusitis and cough. After listening patiently, and with a few questions, I suggest a couple of possible approaches to the problem and a remedy or two from my shelves. Then the consultation is brought to a close when the power of the telly finally tells, and I am advised that "I think I'll take a bottle of Venos, I like the taste." Defeated pharmacist retires despondently to his dispensary.

"Ask your pharmacist — he knows," they say! It seems a pity my school of pharmacy did not include practical psychology (including the sales approach) in its curriculum. Not only would it help to settle the difficult customer, but might also assist me in sidestepping the over persuasive rep, who has obviously had hours of tuition developing his sales pitch to tempt me to purchase twice as much as I need.

## One for the pot

Talking of problem customers, I have often pondered on how I should have dealt with the young mother whom I noticed with her toddler near the ST stand. She had his saddle potty on the floor and before I could blink, his pants were down. Mother explained, in deference to my bemused stare, that she was potty training and all the books said how important it was that it should be done on demand — delay could be fatal.

Mervyn Clark, MPS, (right) of Hinton Lake and Son, Wellington, Somerset is the winner of LRC Products' Durex Black Shadow competition. Mr Clark is pictured receiving his prize from LRC's south-west sales representative Andrew Norton. Mr Clark's prize — a holiday for two in Hollywood includes a visit to the film studios.



On a more serious plane, it was good to see a few weeks ago, the *PJ* acknowledge that 70 per cent of the output from our schools of pharmacy, were destined to spend their working lives in community pharmacy and that their training should be aimed at their specific needs. The comment related to the report of a committee into the distribution of curricular times in our various schools and was particularly concerned with what might be called "clinical pharmacy." I think "shopfloor pharmacy" should have a look in.

During my student days, the courses on aseptic technique and pharmacognosy gave me most satisfaction, perhaps because such a large slice was devoted to practical work. The former subject took up nearly two whole afternoons each week and one outside lecturer was the pathologist from the local general hospital. I found it fascinating to prepare smears of material from real live (or sometimes dead) patients, and I well remember staining up slides of *Mycobact. leprae* and T.B.

The real world, however, provided very little outlet for these skills, except when, during my first job, the task fell to me of preparing each month the morphine sulphate injections for the entire hospital. More recently, I was able to discourse on the origins of the orris powder purchased by a customer for her home made pot pourri and explain that despite its exotic cost, it could originate from the humble garden iris rhizome.

A more rational approach to student training is needed. The postgraduate student should not be expected to pick up vital aspects willy-nilly during his one year on the shop floor — particularly as his "apprentice master" may not be too well grounded in some subjects.

A community pharmacist is a businessman and should be able to interpret the balance sheet, should be aware of the significance and pitfalls of signing a property lease and should know at least a little of basic computer programming. Our lives are likely to be greatly influenced by the new technology in the years ahead.

Finally, aspiring pharmacists need to be shown how to sell, the techniques of inspiring confidence in others (and themselves) and of establishing a good customer rapport. Does the course "How to win friends and influence people" still operate? It contained some very good material. To the lucky few, the art comes naturally, but the rest of us have to learn from our mistakes, or be taught.

"PR" and the allied arts can be taught, just as "we old un's" were taught to prepare *Pil Hydrarg*, so that the next time we are asked about the merits of the array of decongestants on our shelves, we can present a confident resumé and make a sensible sale.



# Thinking of buying an annuity?

The facts our competitors won't want you to see.

## An excellent opportunity to increase your retirement income.

An immediate annuity is a safe and profitable way of increasing your regular income for the rest of your life.

And here at The Royal National Pension Fund for Nurses we've been specialising in providing annuities for members of the health-care professions since 1887. The tables\* illustrated show we are currently offering the best returns in the market.

What's more, if you examine the annuity tables produced by 'Planned Savings' for each month from January to September you'll find a similar pattern - RNPFN always at or near the top. We're proud of our record and we'll strive to continue it.

Whether you are male or female, whether you require a Single Life or Joint Life and Last Survivor annuity, RNPFN currently offers you a higher income than any other company for most contracts.

And at the end of the day, that's what you're looking for, isn't it?

So if you're thinking of buying an annuity send in the coupon now for a quotation. Even if you're not in the market at present, send in the coupon or phone Graham Guntrip or David Jordan on 01-839 6785 for more information about RNPFN.

### Why RNPFN should be your No 1 choice for annuities.

- Our annuity rates are usually top or near the top in the market.
- Assets exceed £200 millions.
- We have dealt with - and only with - members of the health-care professions since 1887.
- We have no sales representatives, so you won't be pestered with calls.
- We never pay commission to agents or brokers.
- We give you a fast, reliable service.

### IMMEDIATE ANNUITIES Annual amount of annuity payable half-yearly in arrears, without proportion, without guarantee

#### To date of death. Purchase price £10,000 SINGLE LIFE

Male aged 65 attained	Gross Annuity
RNPF Nurses	£1661.90
London Life	1637.00
Abbey Life	1626.20
National Employers	1617.00
Norwich Union	1617.00
Standard Life	1617.00
Sun Life	1617.00

Male aged 70 attained	Gross Annuity
RNPF Nurses	1890.74
Abbey Life	1818.01
London Life	1818.00
National Employers	1807.00

Male aged 75 attained	Gross Annuity
RNPF Nurses	2223.50
Abbey Life	2098.02
Royal Life	2097.10
National Employers	2078.00
Sun Life	2075.40
Standard Life	2073.80
London Life	2073.00
Equitable Life	2073.00
Scottish Equitable	2064.00

Female aged 60 attained	Gross Annuity
RNPF Nurses	£1396.30
London Life	1387.00
Abbey Life	1383.39
Norwich Union	1380.00
Sun Life	1380.00
Equitable Life	1380.00
National Employers	1380.00
Standard Life	1380.00

Female aged 65 attained	Gross Annuity
RNPF Nurses	1511.90
Guardian Royal Exchange	1499.70
London Life	1476.00
Abbey Life	1474.03
Norwich Union	1461.00
Equitable Life	1457.00
Scottish Equitable	1456.50
Royal Life	1452.78
Eagle Star	1452.78

Female aged 75 attained	Gross Annuity
RNPF Nurses	1926.02
Abbey Life	1843.42
London Life	1843.42
Equitable Life	1807.00
Standard Life	1807.00
Providence Capital	1801.50
Scottish Equitable	1798.60
Royal Life	1798.30
Eagle Star	1798.00
Equitable Life	1793.70

#### To date of second death. Purchase price £10,000 JOINT LIFE AND LAST SURVIVOR

Male aged 65 attained	Gross Annuity
Female aged 61 attained	£1326.05
Abbey Life	1326.00
London Life	1322.60
Norwich Union	1320.10
RNPF Nurses	1318.00
Equitable Life	1310.80
Standard Life	1308.98
Sun Life	1306.00
Sun Alliance	1302.00

Male aged 75 attained	Gross Annuity
Female aged 71 attained	£1555.38
RNPF Nurses	1524.50
Equitable Life	1518.75
Abbey Life	1506.00
London Life	1493.20
Standard Life	1492.80
Royal Life	1486.00
Scottish Equitable	1485.80
Providence Capital	1484.52
Sun Life	1484.52

To: The Royal National Pension Fund for Nurses, Freepost, London WC2N 6BR.

Yes, I am interested in RNPFN annuities. Please send quotation, without obligation, of

☐ Single Life annuity ☐ Joint Life and Last Survivor annuity

I have £\_\_\_\_\_ available for investment.

Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Date of birth of other life if Joint Life and Last Survivor annuity \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

☐ More detailed information about RNPFN

Name (Mr, Mrs, Miss) \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

This enquiry will be answered only by post

146 A



\*From the Market Survey in the September issue of Planned Savings  
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## Raise standards with president's check list

**"In no way can it be argued that the Society's officers and its Council should not be considered to be the leaders of our profession. But unless individual members perform efficiently, and keep high standards on a day-to-day basis, it will not be the Council that will be found wanting as professional leaders in the eyes of the public, but the individual pharmacist with whom the public are in personal contact."**

Pharmaceutical Society president Dr Hopkin Maddock gave this challenge to the membership when he addressed the Lincolnshire Local Pharmaceutical Committee Conference last Sunday. "The philosophy underlying the organisation of the Society must be that after careful study and debate, desirable objectives are set out which are necessary to maintain a flourishing profession of high status".

Once such objectives are set out and agreed, Dr Maddock said it must be the

duty of pharmacist leaders at regional and branch level within the Society's structure to encourage their implementation by pharmacists in their work places, who are themselves leaders.

The area in which individual members of the Society, are best able to assert the traits of leadership, without having any need for recourse to any outside agency, said Mr Maddock, is covered by a Society objective in the Supplement to the Charter of 1963: "To maintain the honour and safeguard the interests of the members of the Society in the exercise of the profession of pharmacy". He continued:

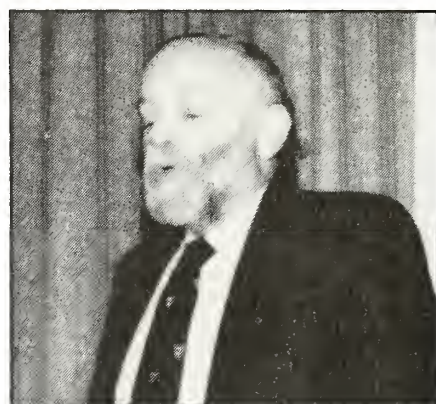
To illustrate this hypothesis might I cite, as an example, the question put to me at the recent conference by several younger members of the Society who asked why the Society wasn't doing anything about what they considered to be sub-standard pharmacies.

The simple answer to such a question is that the Society doesn't really have substantial powers *in law* to do very much in this area. Indeed, it is frequently said that little real impact can be made on sub-standard pharmacies until Section 66 of the Medicines Act 1968 has been agreed and promulgated by Parliament.

The Society, through the inspectorate, endeavours to pursue a policy of persuasion to effect improvements in any particular bad set of premises. It is only when persuasion has failed, that the member concerned is reported to the Ethics Committee of Council, with a view to a complaint being laid before the Statutory Committee.

Do we as a profession consider that the existing process of self-monitoring is effective? During the 16 years since the Medicines Act became law, no government has thought it necessary to enforce any new standard through the machinery of the law via Section 66 of the Medicines Act.

If you feel the answer is "Yes", please do not lapse in to a state of complacency. The community's concept of "one who follows a profession" is based upon a recognition of the fact that members of a profession possess corporately a code of ethics with moral, rather than just simple legal obligations. In addition a profession has the responsibility to develop its code of ethics in line with existing practice and current morals, and also to accommodate new demands in circumstances not previously encountered. The question



PSGB president Dr Hopkin Maddock

must be asked: Are we as a profession both corporately and individually, making progress — rather than going backwards or standing still?

Fortunately, the number of pharmacies which fall badly below a minimum acceptable standard are few, but nevertheless portray an undesirable image with a damaging effect upon the profession, far in excess of their number. Slowly they are being weeded out. What, therefore, is happening to the remainder? The climate in which they are operating in the community is getting worse, not better.

The government is not prepared to recognise or pay for the true value of the service we provide. Commercial activities are essential for the implementation of a widespread community service, and also to provide us pharmacists with a living. Such a subsidy to augment out minimal pharmaceutical earnings is driving us more and more into retail competition in which jungle tactics clearly predominate. The public is, not surprisingly, confused as to the pharmacist's status — this confusion then forces pharmacists into the position of frustration in which many find themselves today.

How, therefore, are we to survive and retain our professional equilibrium? First we must not forget that self-regulation and self-discipline are the true hallmarks of a profession. Pharmacists must individually show their powers of positive leadership — each in their own area of responsibility — so that they are easily recognised because of their high standards of practice.

It is very easy to pontificate from on high upon such matters. It is also very easy to neglect one's responsibilities by claiming that pressure of work and environmental conditions are not conducive to improving standards. One of the most difficult tasks is to stand back, even for a few minutes, to set oneself a series of goals and objectives.

I suggest that as a preliminary stage, every community pharmacist should, for example, set out a simple check list to try and improve one's mode of practice. Dr Maddock then produced a checklist for the community pharmacist (see table).

Six month's later, he continued, peruse the checklist again and assess whether any benefit and progress has been achieved.

# bonjela

## DISPLAY PRIZE WINNERS

03244 01139

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01323

01756 02061

02824



An objective assessment is very likely to trigger off thoughts about other areas of weakness which can be tackled in a similar manner. A rolling programme of checklists can be devised, ensuring that the individual role of professional leadership is enhanced.

Noel Baumber asked Dr Maddock how he thought pharmacists could best change their role through national negotiation with doctors rather than through antagonism. How could pharmacists

introduce patient medication records and the second pharmacist, for example?

Dr Maddock said it was impossible to negotiate with oneself. The majority of the medical profession were totally supportive of what pharmacy wanted to do. But the vociferous and persuasive minority were not. What pharmacists were allowed to do would depend, not on medical practitioners, but on the decisions of politicians. "It is to the politicians and to the patient that we must sell ourselves."

## Practice check list for community pharmacists

### Suitability of premises

- Premises maintained in a good state of repair?
- Premises and stock kept in a clean and tidy condition?
- Stock not stored in toilet area?
- Toilet clean with hand-washing facilities?
- Waste materials collected in containers for regular disposal?
- Effective means of heating, lighting and ventilation?

### Cleanliness and hygiene

- Emphasis on personal cleanliness?
- Protective clothing always clean?
- No person with open skin lesions or infections engaged in dispensing?
- Smoking forbidden where medicines are dispensed, sold or supplied?
- No food prepared or consumed in dispensary or public area?
- Contact avoided between hands and dispensed products?

### Dispensary area

- All dispensing carried out by or under the personal supervision of a pharmacist?
- An adequate checking system employed?
- All materials used are of good quality, within expiry date and from reputable source?
- Containers used appropriate for product and patient use?
- Labelling legible and clear, printed using a mechanical device?
- Doubtful prescriptions queried?
- Substitution not permitted without prior consent of prescriber?
- Keys of Controlled Drug cabinets kept on pharmacist's person at all times?
- Required documents retained in an orderly chronological sequence?
- Private prescriptions recorded in a prescription book?

Martindale, BNF, Drug Tariff available for easy reference?

PJ always studied?

### Equipment

- All equipment clean and ready for use?
- Dispensing bench adequate size and clean?
- Sink with hot and cold running water?
- Accurate dispensing balance with weights?
- Adequate graduated glass measures?
- Suitable range of pestles and mortars?
- Effective refrigerator with 0°C to 10°C temperature range?
- Tablet and capsule counting aids?
- Spatulae and ointment slab in good condition?

### Safety at work

- Staff familiar with fire instructions?
- Trailing electrical leads?
- Loose electrical connections, overloaded circuits?
- Equipment switched off at night?
- Sharp corners on fixtures and fittings?
- Worn floor coverings?
- Wet and slippery surfaces?
- Floors free from obstruction?

### Public area

- Sales and supply of medicines occurs in a distinct section of the premises?
- Prescriptions given out by pharmacist with appropriate counselling in reasonable privacy?
- Advice on symptoms and treatment preferably given by the pharmacist?
- Pharmacy Only medicines not available for self selection?
- Premises always referred to as pharmacy not chemist shop?
- Pharmacist and staff present a smart professional appearance?
- All display areas clean and uncluttered?
- Window displays effective, dignified.

## Fell swoops on pharmacy

**Pharmacists are their own worst enemies in the view of Mr Christopher Fell, a proprietor pharmacist from Saffron Walden. "Over the past twenty years or so it seems to me that many, probably most of the problems which pharmacy has faced, are problems which the profession has itself caused."**

In his paper Mr Fell charted the gradual involvement of the chemist in the supply of drugs to dispensing doctors, the involvement of wholesalers in this supply chain and of Boots, at one time. He covered the breakdown of resale price maintenance brought about by pharmacists taking discounts from wholesalers and explained how those discounts first came to be offered.

Mr Fell then addressed himself to the problems of generic substitution and parallel importing. Twenty years ago Mr Fell had been opposed to generic substitution but now he was not. In that time drug prices had increased at roughly twice the general rate of inflation with no valid economic excuse. In America generic substitution had halted a similarly escalating drug bill. The argument against the quality of generics could no longer be sustained, he said.

Parallel importing was now a problem. Some time ago it had been parallel exporting made possible by different price differentials but the same Treaty of Rome.

Faced with the problem of escalating drug costs the Government recently had cut ex-factory drug prices — something which had not hurt industry — while imposing cuts on wholesalers and retailers — which had hurt in real terms.

However, no responsible government could tolerate a continually escalating drugs bill. And experience had shown that retail pharmacists were the easiest targets through which to make cuts.

Mr Fell criticised the Pharmaceutical Society for failing to intervene effectively in any of the pharmaceutical problems he had outlined. He said that the Society had remained silent about the unpalatable fact that an increasing proportion of retail chemists were making massive non-contractual profits from imported drugs. It had done nothing lasting about a reconciliation between the interests of the State and the vested interests of pharmacists.

The DHSS meanwhile had taken responsible steps to end PI.



## Are pharmacists qualified to give 'front-shop' advice?

The "front-shop pharmacist" is the breed favoured by Dr Frank Newcombe, Head of the School of Pharmacy, Leicester Polytechnic, operating largely outside the dispensary supervising sales, intervening whenever possible as well as giving patients and customers advice. But he said often that pharmacist was totally unqualified to advise patients as was the dispenser in the dispensary to dispense.

Observing present pharmacy practices as a "customer" Dr Newcombe described a typical process for script handling he had witnessed in a pharmacy.

Patient hands script in, pays (verbal contact here), waits, receives package, exits. There may be occasional pharmacist/patient contact to ascertain strength or knowledge of directions.

Anyone purchasing medicines is likely to get what they ask for.

Anyone purchasing a P medicine may get supervision of the sale via a head popped over a dispensary screen.

Anyone asking for advice is likely to make a very simple request and that request is likely to be followed by a sale in 99 per cent of cases. Often it is the assistant who responds.

The unseen dispensing operation involved counting tablets, typing labels, telephone ordering, making solutions and very occasionally, making creams or ointments.

What qualification does the person in front and the person in the back need to perform these operations, he asked?

In the back the needs were commonsense and care and a knowledge of forensic, plus the ability to read, to write, to count, to measure liquids, and to use the 'phone. The most important and difficult thing was to read the scripts. Literature was available to check dose,

drug interactions etc. The qualifications needed was an Ordinary National Certificate in pharmaceutical sciences plus experience, Dr Newcombe said.

To work in the front shop you again needed commonsense, needed to be clean and courteous, needed to have a knowledge of forensic and of a range of health matters such as dietetics, baby care, surgical appliances, family planning, as well as possessing a very elementary knowledge of diagnosis.

An HNC in pharmaceutical sciences was necessary to practise in the front shop, he said, with an emphasis on primary health care, preliminary diagnosis, management and communication studies.

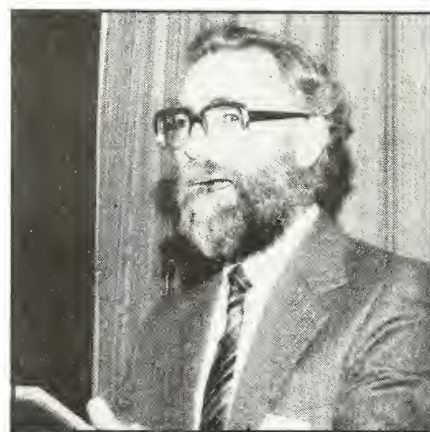
If the "Newcombe" scheme was implemented hardly anyone would notice.

A good community pharmacist was a front-shop pharmacist backed by a well qualified pharmacy technician. That pharmacist positively develops the advisory role, positively develops his advisory role to doctors, is seen to intervene in all prescriptions, is seen to supervise all sales, and is therefore, clearly identifiable as the pharmacist.

The two main inhibitions to doing the job properly were a lack of knowledge, and, realistically, a lack of financial reward.

The possible solution was a three-year sandwich course like the one put forward by the Society's Education and Training Committee, but with less analytical chemistry and with the same "basics" and biochemistry, less technology but not less formulation, less radiopharmacy, less practical work and less emphasis on asepsis while retaining microbiology. In addition there would be more instruction on preliminary diagnosis, on general health care and on management techniques.

Such qualification would carry the title of a degree rather than a diploma. Pharmacists needed a really sound



Head of the School of Pharmacy at Leicester Polytechnic, Dr Frank Newcombe

knowledge base. They needed confidence and competence as advisers in order to earn the respect of patients and doctors. A degree helped to confer this respect. In addition pharmacists needed the qualities of critical skills, good judgment, self-confidence and the ability to interpret.

## System for a smooth transfer

**Of 53 patients' applications to join doctors' dispensing lists in Lincolnshire last year the dispensing subcommittee had approved 38 because the patients had had serious difficulty in getting to a pharmacy.**

Giving the report of the Lincolnshire Local Pharmaceutical Committee for the year, Hazel Guest said 15 such applications had been rejected. Each case was dealt with on its merits. Straight-forward applications which had the unanimous approval of the subcommittee were passed to the FPC administrator for action. If the decision was not unanimous then the case was referred back to the next subcommittee meeting for discussion.

Ms Guest warned that some Lincolnshire pharmacists could be advised to defend their own pharmacies by offering to collect and deliver for patients in the event of impending transfers. A committee had reviewed the viability of pharmacies during the year.

PSNC and PSGB guidelines, for collection and delivery had the backing of the LPC. They are that: the request must be initiated by the patient; the collection and delivery point should be free of association with medicine sales; it is preferable to deliver direct to the patient; both the LPC and the PSGB inspector should decide who should participate; special attention to packaging and labelling should be given to aid distribution and that a three-month rotation, rather than alternative days or weeks, be sought where more than one pharmacy was involved.





## Struck-off for selling too much cough mixture

**A Belper pharmacist said to have sold up to four bottles of cough mixture a week to the same customer over a five-year period has been ordered to have his name removed from the Register.**

The Statutory Committee of the Pharmaceutical Society, meeting last week, made the order, having found Mr Roger Towle, of Calvert & Son (Chemists) Ltd of King Street, Belper, guilty of professional misconduct. Mr Towle has three months to appeal against the decision.

## Banned because of ill-health

**A retired Dundee pharmacist was banned last week from practising again without the permission of the Statutory Committee.**

The name of Mr Stanley Ewen, of Ferry Road, Monifieth, was removed from the Register in May for non-payment of professional fees, said Mr Josselyn Hill, for the Society. The Committee was considering an allegation that Mr Ewen was no longer fit to exercise adequate professional control over his pharmacy at Beuly Avenue, Dundee, because of age or ill-health.

Mr John Liddell, an inspector of the Society, said he received reports from the Dundee drug squad and from another pharmacist expressing doubts about Mr Ewen's ability to run his pharmacy in a competent manner.

When he visited the shop in February last year, Mr Ewen was not present. He saw a Pharmacy only medicine being sold and found a prescription which appeared to have been dispensed that morning. The dispensary had two "resident" dogs which, Mr Liddell was told were to deter would-be robbers.

Mr Liddell said he had advised Mr Ewen on previous occasions to dispose of old outdated medicines. He got the impression that much of what he told Mr Ewen was not taken in. The chemist seemed to have little interest or concern in what was happening around him.

A report by the Ethics Committee of the society said it appeared that the business was being run by two unqualified

Committee chairman, Sir Carl Aarvold, told him he had no real control over the sale of a medicine liable to abuse.

Mr Josselyn Hill, for the Society, said that for five years before 1983, Mr Towle sold excessive quantities of the mixture to Mr Alan Tupling. Between January and July, 1983, Mr Towle had ordered and received about 748 bottles of the mixture, which was an excessive quantity.

Mr Robert Chatterton, an inspector of the Society, said he had twice reminded Mr Towle to keep a record of the sales of the mixture. Despite his advice and a similar recommendation from the president of the Pharmaceutical Society to all chemists in 1975, Mr Towle did not keep any records until 1981, said Mr Hill. Then he wrote down the name and address of the customer in a notebook — since lost — and relied on his memory for the dates and quantities supplied, added Mr Hill.

members of staff. Robberies had taken place at the pharmacy, and concern had been expressed that the premises and the staff were vulnerable to attacks by thieves.

Committee chairman, Sir Carl Aarvold, said he was satisfied that this conduct had been proved against Mr Ewen in that ill-health made it impossible for him to fulfil his responsibilities as a pharmacist.

## Not to blame for drug litter

**The owner of a Kennington pharmacy was not to blame for the irresponsible disposal of unwanted medicines among rubbish at the rear of the shop, the Statutory Committee ruled last week.**

Mr Harsadrai Patel was cleared of an allegation of misconduct arising from complaints that local children found bottles of tablets and medicines behind the shop at Maddock Way.

The Committee was told at an earlier hearing in July (*C&D*, July 28, p187) that a seven year old boy drank liquid from one of the bottles and later became very drowsy. Other children tried yellow pills from another container which they spat out because they didn't like the taste.

Mr Patel said the shop was run by a manager who was responsible for seeing that all unwanted medicines were properly disposed of. He had given the manager and a woman assistant strict instructions about properly disposing of drugs and was fully confident that those instructions were carried out. He suggested that containers

Mr Chatterton said that in June 1983, Mr Towle sold 160 bottles of the mixture compared with the 18 sold by a large Nottingham chemist.

Mr Tupling, a handyman at a centre for the handicapped in Alfreton, said he bought up to four bottles a week from Mr Towle and only once was he asked to sign.

Mr Towle, described by his counsel Mr Hugh Bennett as "possibly foolish and careless but not dishonest", became a pharmacist in 1958. He said he knew his customers and refused to sell the mixture to them more than once a week. "I just didn't realise I was ordering so much. I had family problems, and I was living on a day to day basis", he told the Committee.

Sir Carl said that Mr Towle's method of record keeping was "ineffective and comparatively useless."

"There was no real control over the sale of Phensedyl", he added.

bearing the name of his pharmacy which were found among the rubbish had been placed there by local residents after they had finished using the drugs.

The chairman, Sir Carl Aarvold, said the Committee was satisfied that the medicines came from Mr Patel's pharmacy and were improperly disposed of in such a way that they were not only irresponsible but also a danger, especially to children.

However, there was insufficient evidence to show that Mr Patel was blameworthy and the complaint against him was not proved.

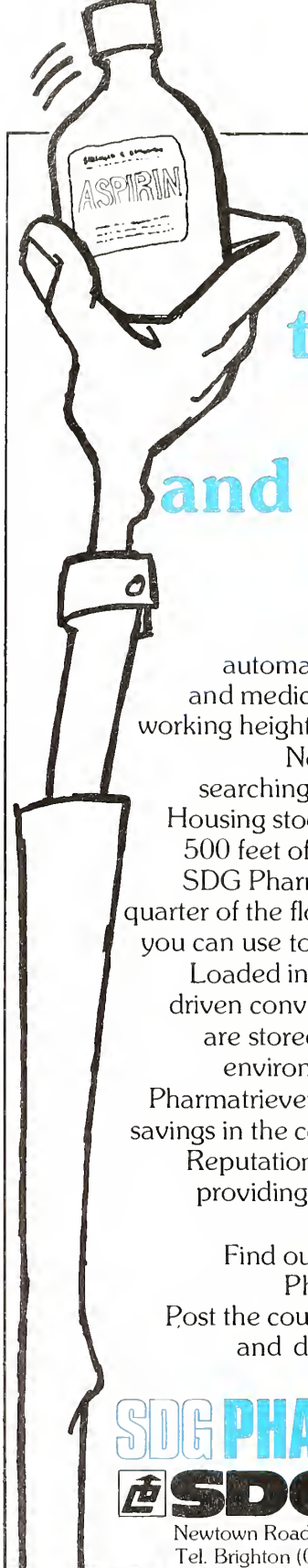
The Committee went on to admonish Mr Patel for his conviction at Bromley magistrates court in June last year for supplying drugs to a Beckenham chemist without a product licence. Mr Josselyn Hill, for the Society, said Amoxil capsules and Maxolon tablets were spotted by an inspector at the chemists who noticed that the containers did not appear to have a product licence number.

His inquiries led him to Mr Patel who admitted selling the drugs to the pharmacy. He said they were part of a batch of imports from Holland which he intended to export to Nigeria but when the deal fell through he decided to sell them to retail chemists in this country.

Mr Hill said records showed that the Amoxil had been manufactured in Singapore under licence for distribution in the Far East, Middle East and parts of Africa. The Maxolon was probably manufactured in Britain but not intended for distribution here.

Mr Patel told the Committee that he was satisfied that the drugs were the genuine article and of a high quality and there was no possibility of endangering the public by selling them.





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CD29/9

## X-ray vision?

Once again Xrayser hides beneath his cloak of anonymity to misfire his arrows into the air knowing they cannot fall back onto his own head because it is buried safely in the ground.

Despite all he has said in the past about the unprofessional and dangerous practice of parallel importing, he now tells us (*C&D*, September 15, p441) that "I believe even I will have to start buying *unless our wholesalers can come up with goods*". (My emphasis). Can he be that naive?

In his role of community pharmacist, he no doubt accepts the multi-daily comprehensive service of his bona-fide full-range wholesaler without question. This service, across more than 12,000 lines is financed by a 10 per cent manufacturers discount with a further 2½ per cent tied to cash flow. The wholesaler also guarantees the integrity of both source and product, while returning to Xrayser (if the discount scales are correct) up to 7.96 per cent of his purchases value – from a gross income of 10 per cent! Could his pharmacy run on this margin?

The parallel importers want none of this. Safe in the knowledge that the Department of Health is too busy passing laws it may not be able to police, they can cream off profits, without commitment, on a limited range of ethicals from continental sources as long as they have English instructions.

Does not Xrayser worry that after the loss of so many localised service depots in the past three years even Vestric and Macarthy's are currently closing more. Where does he think wholesalers are to get "the goods" to compete with parallel imports – from their remaining 2.04 per cent gross margin? Perhaps they should all import, thus destroying themselves, the integrity of their service and the UK manufacturing industry in the process, leaving him to seek most of the products he needs to run his pharmacy from the local cash and carry store.

You will not miss the water Xrayser until you turn on the tap and find that it has been cut off at the mains. May I suggest that instead you build on the Department of Health's apparent willingness to allow pharmacy to keep up to 14 per cent extra discount, to make them leave you an equivalent margin for "efficient UK buying" from the present full-line/full-service wholesaler discounts.

**G.I. James**

Managing director, Richard Daniel & Son

## Missing persons

Belated birthday greetings to *Chemist & Druggist* and congratulations to the author of the article "100 to 125: a change of *C&D*'s image."

May I add two names which should be included in a *C&D* history. The important part Alan Shepherd, the publisher of *C&D* played in convincing the board of directors there should be a *C&D* Price List should not be overlooked. They were reluctant to accept the proposition initially. Being an expensive operation it was understandable they were cautious but Alan's efforts won in the end, benefitting all in pharmacy.

The other name is that of John Wheeler, now of the ABPI, Alan's assistant and protege, who succeeded him as publisher of *C&D*, but who did not stay long after the Morgan Grampian incursion. John's meticulous work in developing circulation and advertising records was used by others to their advantage.

Beyond that – thanks sincerely for much nostalgia.

**Arthur Wright,**

Former Editor, *C&D*,  
Worcester Park, Surrey.



## Appeal for HW

"Do not ask for whom the bell tolls it tolls for thee." If pharmacy and the schools of pharmacy accept the criteria for closing Heriot Watt this quotation is very relevant.

The spurious and shifting grounds given by the University Grants Committee leaves it wide open to the charge that it is determined, whatever is argued, to close Heriot Watt.

What perturbs many pharmacists and others is the lack of health concern for the Lothian Region of Scotland.

Note that 4 per cent of students are English, 12 per cent are from overseas, and 86 per cent Scottish. The high Scottish figure proves the need for Heriot Watt.

It is futile to say they can be accommodated in other schools of pharmacy in Scotland. The truth is surely that all the latent talent drawn to pharmacy will seek other non-pharmacy disciplines — a loss to pharmacy and Scotland. If the UGC is rational in its arguments on cost, why not close non-pharmacy faculties where numbers are few.

In the present circumstances it seems

rational argument in appealing to the UGC is a waste of effort. Action is needed.

Why not a national campaign? Perhaps a day of mourning for Scottish pharmacy culminating in an assembly in Edinburgh. Surely all former students are good starting points.

All schools must be vigilant. Who knows who will be next on the list? A stand now may halt a piece-meal destruction in pharmacy education.

**Mervyn Madge,**

St Budeaux, Plymouth.

## Gambling spirit

Macarthy's managing director David Wright does himself a grave injustice in his attack on Unichem's "Unibond" scheme (*C&D* Sept 15). I am sure he can't really believe there is any chance of Unibond not materialising, nor that the scheme is a gamble. However, just in case he does, I'll bet him the value of my "Unibond" that Unichem will deliver the goods. Heads I win, tails you lose?

**A. Peel**

## Mary K calling?

I had not long finished reading an article on Dallas in the *National Geographical Magazine* when a full page spread of Mary Kay lady reps, with their newly "won" Cadillacs, caught my eye.

Passing on to the *C&D*, there again was Mary Kay. Avon is already well established as one of the top perfume/cosmetic companies. Their American counterpart looks extremely well organised, and by what I think is called "a real tough cookie." I would hazard a guess that they will have a good measure of success over here!

Once again the thorn in the flesh is agents, the selling area being the loungeful of customer/friends (coffee at no extra charge?). How do these agents manage regarding VAT and Income Tax? An in depth survey of Avon agents, and in due course of Mary Kay's, would not be out of place.

The overall annual profit margin of a well established Avonperson, is I'm sure, very attractive.

**A. Gow**

Glasgow

# "Sure (croak!) Shield, please."

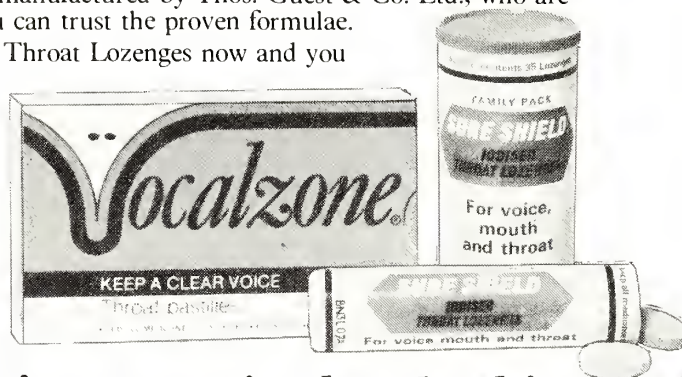
Sometimes your customers have difficulty speaking at all.

This Winter, that's when they'll be croaking for "Sure Shield" throat remedies by name. Because Sure Shield are spending over **£50,000** advertising their Vocalzone pastilles and Iodised Throat Lozenges.

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Stock Vocalzones and Iodised Throat Lozenges now and you can take advantage of our special discount package. Please place your order with our representative, your normal wholesaler, or by phoning our telesales department on 0283 - 221616.

Remember, when your customers rasp, squeak and croak this winter, they'll be trying to say "Sure Shield, please."



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## Unibond 'will trigger a new price war'

**Unichem's introduction of the Unibond scheme is likely to trigger a new price war among the major wholesalers, according to stockbrokers Phillips & Drew.**

"Faced with the prospect of losing market share, Macarthy's and Vestric may be forced to offer increased incentives which put their wholesaling activities into loss" they say.

If Macarthy's and Vestric do nothing, however, they risk losing some of their most profitable accounts. "And it therefore seems likely both companies will respond with some further incentives."

"Continued pressure will force many weaker operators out of the market, and this may release sufficient market share to sustain growth for those remaining."

Phillips and Drew point out it will be more expensive to win back customers already lost to Unichem if the other majors wait till 1985, than would be the case if they act immediately.

Phillips & Drew predict the PAC enquiry will eventually recommend "a return to an effective resale price maintenance system, through the general curtailment of discounts to the pharmacist."

Vestric's position as a subsidiary of Glaxo has allowed them to take a "reasonably relaxed" view of past market difficulties, they go on. Glaxo could easily

afford to match, or better, the Unibond scheme, but might find it hard to justify such a move as the same investment could produce a far higher return in drug manufacturing.

Turning to the smaller independent wholesalers, Phillips & Drew say we can expect closures to continue — with the Midlands probably losing most depots.

"The market is unlikely to be able to support so many small wholesalers in future, and many may be hanging on in vain in the hope of better times" they say.

Macarthy's also "looks vulnerable in the short term", due to a high cost base and recent poor sales growth.

Dixons, having got Barclays back on a profitable footing, may now be expected to try and dispose of the company, they add. "It does not fit in well with the group's other activities."

There's also some words of caution for Unichem, where it is argued a high level of discounts makes them vulnerable to any unexpected drop in the market. "Unlike major competitors they cannot subsidise wholesaling from other more profitable activities" the report points out.

However, financial constraints are unlikely to force Unichem to adopt a less aggressive stance in the near future.

"We expect them to continue their policy of heavy discounting and attract further market share till most of the weaker operators have been forced out."

## £9m complex for A.H. Robins

**A.H. Robins' new £9m manufacturing and administration complex at Langhurst, near Horsham, was dedicated on Monday by Norman Fowler, Secretary for Social Services.**

The new site is Robins largest investment outside the US, and was described by Claiborne Robins, president and chief executive, as an expression of the company's confidence in and commitment to the future of healthcare in the UK.

The 80,000 square foot manufacturing plant will produce a wide range of pharmaceuticals for sale in the UK and export markets.

Mr Robins added there was plenty of

room for growth in Langhurst and that the company is recruiting staff for a new European research and development unit to be based there.

At a further ceremony on Tuesday, Mr Robins presented a painting to the Pharmaceutical Society.

The painting is an artist's impression of the original pharmacy belonging to his great grandfather, Albert Hartley Robins, who founded the company in 1866.

## Retail prices for August

The Department of Employment retail prices index for all items reached 354.8 in August (January 1974 = 100). This represents an increase of 0.9 per cent on July (351.5) and an increase of 5.0 per cent on August 1983 (338.0).



It's congratulations to Farley Health Product's international director John Barnett (right) as he receives a stereo radio cassette recorder to mark 35 years with the Glaxo Group of companies. He held various appointments in research, sales and marketing before being appointed head of the marketing services division of Glaxo Holdings in 1974 and group consumer products co-ordinator in 1980. He has also been a director of Glaxo Laboratories and Laboratories Glaxo France. The presentation was made by Farley MD Alan MacFarlane

## Profits boost for Fisons

**Fisons increased first-half profits by 69 per cent to £22.6m in the six months to June 30. Sales rose 23 per cent to reach £252.8m.**

Pharmaceuticals contributed £15.4m to profits (last year £12.4m) on sales up £19.2m at £96.7m. Chairman John Kerridge says progress in the world's two biggest pharmaceutical markets, American and Japan, has been "particularly encouraging", including a successful launch for Opticrom in Japan earlier this year.

"The generic businesses we operate in a number of major territories are developing satisfactorily and show growth in sales and profits" he adds.

Scientific equipment profits were up £4.7m at £7.1m, on sales of £124.6m (£47.0m). Remaining business came from the group's horticultural activities.

## Little Acorns...

**Boots have announced they are to set up 22 "Acorn Centres" up and down the country to exploit the growing home computer market.**

Staffed by Acorn consultants, the centres will offer BBC "B" and Electron computers and peripherals. Boots are also to stock the Toshiba MSX computer, which is compatible with any other product bearing the MSX label.



## Booker up US vitamins stake

**Booker McConnell have increased their share in the US vitamin company P. Leiner Nutritional Products.**

Booker McConnell have upped their holding from 28 per cent to 35 per cent.

Net proceeds received by P. Leiner from the sale of the shares offered to the

public will be about \$11.6m which will be used to repay all the company's long term debt and to expand manufacturing, laboratory, packaging and distribution facilities.

P. Leiner are among the largest marketers and manufacturers of packaged vitamins, minerals, nutritional supplements to drug stores and supermarkets in the US. Booker McConnell's wholly-owned subsidiary, American Health Products, supplies the specialist health food outlets.

## NPA investment opportunity

**Members of the National Pharmaceutical Association have been given the chance to invest in a new single-premium investment bond at special rates.**

The bond, to be managed by Clerical, Medical & General and Fidelity International, receives an official launch

on November 1, when the minimum investment will be £2,500. Providing NPA members act before then, they can qualify for a minimum buy-in of £1,000, with no initial management charges. A range of other enhancements apply for those contacting NPA by October 15.

Duracell have reached agreement with the Toy Importers Association for all member companies' goods to carry a "Duracell recommended" sticker.

## SKF development

**Smith Kline & French are developing their site at Tonbridge, Kent, with a phased "multi-million pound project" over the five years.**

Until recently a chemical production plant, the new development will house a research section of the Smith Kline Corporation and act as worldwide centre for clinical and pre-clinical trial supplies. Some process development and scale-up work may also be done.

## 211 Superdrugs

**Superdrug increased sales by 28 per cent and profits by 27 per cent in the six months to August 25.**

Turnover reached £58.7m, generating pre-tax profit of £3.6m. The company opened 15 new stores in the period, with another 22 planned by February next year, bringing the total to 211. Directors expect a record full-year.

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## A century for York Place

The Scottish Department of the Pharmaceutical Society has finalised the programme for its centenary celebrations at York Place, Edinburgh, November 13-16.

An exhibition of pharmacy in 1884 is to be open throughout the building with a traditional pharmacy in operation. A booklet (£1.30) and commemorative glass figure (£28.75) are to be made available.

The programme of events is as follows:

**Tuesday, November 13** Joint meeting of hospital pharmacists group and United Kingdom Clinical Pharmacy Association "Practical problem solving in hospital pharmacy practice within direct patient services" — 9.30am-5pm. (Fee: Members: £12, non-members: £15) Tickets by application. Closing date October 31.  
**Wednesday, November 14** Demonstration of traditional dispensing skills — morning  
 Scottish pharmaceutical sciences group "Towards 2000: Pharmacy in the future" — 2-5pm. (Open meeting).  
 The Macmorran lecture. "Victorian pharmacy" by Mr W. A. Jackson. 7.30pm. (Sherry and shortbread served before the meeting).  
**Thursday, November 15** College of pharmacy Practice Full-day symposium "The College of Pharmacy Practice and

postgraduate education" Tickets by application  
**Friday, November 16** Registration ceremony — 2.30pm (By invitation).  
 Conversazione — 6.30pm (By invitation).  
 Applications to attend meetings should be made to: Dr L. C. Howden, Assistant Secretary, The Pharmaceutical Society of Great Britain, 36 York Place, Edinburgh EH1 3HU.

## NPA courses

The National Pharmaceutical Association have arranged a series of Autumn courses for pharmacists and sales assistants.

**Pharmacist courses:**

"Profit from stock control and merchandising." College for the Distributive Trades, Leicester Square, London, October 9-10 £85 (inc VAT) excluding lunch and overnight accommodation.

**The Drug Tariff, NHS contract and oxygen therapy.** central London venue, October 25. £24 excluding lunch. Particularly suitable for pre-registration students, pharmacists and may help dispensing techniques.

"Profit from playing — a practical approach to business management development." Hertfordshire Moathouse, Flamstead, St Albans, November 5-6. £255 including meals and accommodation.

**Sales assistants courses:**

"Hair care." Strand Palace Hotel, The Strand, London, October 17. £15 excluding lunch. Ann Knott of Wella.

"Skin care and fragrances." Strand Palace Hotel, London, October 30. £20 excluding lunch. Instructors from Lenthenc Morny.

"Display techniques." College for the Distributive Trades, Leicester Square, London, November 8. £34.50 excluding lunch. Presented by Mrs Margaret McDonald who works in freelance display and has trained pharmacy staff.

**Monday, October 1**

East Metropolitan Branch and West Ham Association of Pharmacists. Pharmaceutical Society. Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, at 8pm. Mrs P. N. Spencer, district health officer, Redbridge Health Authority, on "Dental care and dental products."

**Tuesday, October 2**

South West Metropolitan Branch. Pharmaceutical Society. lecture theatre B, St George's Hospital Medical School, London SW17, at 7.30pm. Dr A. Penketh, senior registrar, St George's Hospital, on "AIDS."

**Wednesday, October 3**

Bath Branch. Pharmaceutical Society. senior common room, Bath University, at 7.30pm. Annual wine and cheese evening with Bath University pharmacy students.

Isle of Wight Branch. Pharmaceutical Society. postgraduate medical centre, St Mary's Hospital, Newport at 8pm. Mr Mike Doxatt-Pratt, MInstM, marketing controller at Winthrop Pharmaceuticals, on "Over the counter prescribing."

**Thursday, October 4**

Hounslow Branch. Pharmaceutical Society. lecture theatre, West Middlesex Hospital, Twickenham Road, Isleworth. Dr W. E. Sneader, Department of Pharmaceutical Chemistry, University of Strathclyde, on "Cancer chemotherapy."

Thames Valley Pharmacists' Association. postgraduate medical centre, Kingston Hospital, Galsworthy Road, Kingston-upon-Thames, at 8pm. Mr E. C. Evens, member of the Pharmaceutical Society's Council, on "Community pharmacy today — Nuffield, was it really necessary?"

National Pharmaceutical Association. Regency Suite, The Creech Castle Hotel, Bathpool, Taunton, at 8pm. Joint meeting with Somerset Branch of Pharmaceutical Society. Peter Boardman, assistant secretary, PSNC, on "Pricing prescriptions and problems with the drug tariff."

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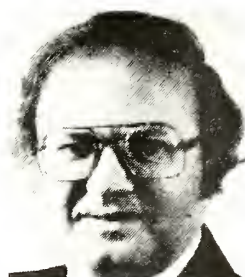
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## A prayer from our president

Dear Lord, help me to become the kind of leader my Council would like to have me be.

Give me the mysterious something which will enable me at all times satisfactorily to explain policies, rules, regulations and procedures to members, even when they have never been explained to me.

Help me to teach and train the uninterested and dim-witted without ever losing my patience or my temper.

Give me that love for my fellow members which passeth all understanding, so that I may lead the recalcitrant, obstinate and no-good members into the paths of righteousness by my own example, and by self-persuading remonstrance, instead of "busting them on the nose".

Instill into my inner-being tranquility and peace of mind that I will no longer wake from restful sleep in the middle of the night crying out: "What has the Secretary of State got that I haven't got, and how did he get it?"

Teach me to smile if it kills me.

Make me a better leader of men by helping develop larger and greater quantities of understanding, tolerance, sympathy, wisdom, perspective equanimity, mind-reading and second-sight.

And when, Dear Lord, thou has helped me to achieve the high pinnacle my Council has prescribed for me, and when I have become the paragon of all supervisory virtues in this earthly world, Dear Lord, move over.

Amen

Part of Dr Hopkin Maddock's address to Lincolnshire LPC Conference last weekend (see p574), no doubt with apologies to the original author.



John Moore, financial secretary to the Treasury (left) is pictured with Unichem managing director Peter Dodd at Unichem's head office in Chessington



Managing director of Reckitt & Colman Products Ltd pharmaceutical division, Mr R. Foster, presents three South African nurses with the Dettol Sword trophy in recognition of their contribution to healthcare in South Africa. As winners of the Dettol Nursing Award scheme, the nurses were flown to England by Reckitt and Colman to attend the International conference on infection control in Harrogate where the presentation took place. On their return to South Africa, Mrs McClachlan (left), Mrs Kekana (centre) and Mrs Wilson will head local workshops and instruct colleagues on infection control

## APPOINTMENTS

### Unichem board changes

**Unichem's two assistant directors — Bill Hart, marketing and Kelvin Hide, operations — have been appointed to the board as full executive directors.**

Bill Hart joined Unichem 12 years ago after 14 years as a retail pharmacist. In 1973 he was appointed chief buyer, two years later promoted to marketing manager, and in 1979 became assistant marketing director. Mr Hart has just qualified as a biochemist.

Kelvin Hide has been assistant operations director since 1977. He joined Unichem 13 years ago as a company accountant. Assisting him will be Ollie Sanders as deputy head of operations.

### Boots Fellow

**Gordon Hourston, FPS, formerly staff director, has been appointed deputy managing director of Boots The Chemists.**

Michael Ruddell and Alan Hawksworth have joined the board, Ian Prosser is appointed non-executive

director and board member Bernard Theobald has assumed responsibility for group corporate development.

**Kodak Ltd:** Marketing manager Peter Block has joined the board.

**Searle Pharmaceuticals:** Rosemary Waterfall is appointed marketing manager, with responsibility for all the company's ethical products in the UK.

**Merck Sharp & Dohme Ltd:** Dr Leslie Iversen becomes a member of the board. He joined the company in March 1983 and is currently executive director of their neuroscience research centre.

**Macarthy's Ltd:** In a reorganisation of the sales and marketing departments, John Herbert has been appointed field sales manager. John Beale is the new hospital sales manager.

**Parfums Givenchy UK:** Following the retirement of Burton Gosling, Jean Coutière, president of the French parent company Parfums Givenchy SA, has been appointed chairman.

**Crosskills (PE) Ltd:** Mr R.J. English, Mr F.L. Plumpton and Mr R.T. Crosskill are the directors of the new firm, the successors to C.R. Crosskill & Sons, which closed last week upon the retirement of the two principal director/shareholders.



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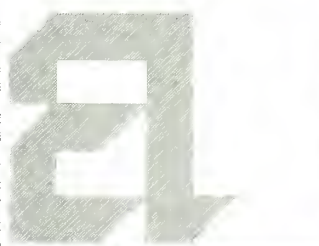
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Trade prices are per unit unless otherwise stated. Bold upright figures (0.14) in the retail column indicate price is subject to retail price maintenance. Italic figure (0.14) is manufacturers recommended price. Light upright (0.14) is a suggested guide. **a** = price advanced, **r** = price reduced, **•** = new entry, **d** = delete, **c** = correction, **i** = insert. **Three simple rules for rapid price checking.** 1. Look under 'This Week's changes'. If price is not listed. 2. Check cumulative section. If the price is not listed. 3. Refer to the last main price list. Price is latest notified.

### Cumulative Amendments to October Price List.

		PIP code	Trade	VAT	Retail inc. VAT			PIP code	Trade	VAT	Retail inc. VAT
ACNIDAZIL (Janssen)											
cream	5g	370-759	0.58	S	1.20	P	c	half coated cookies	150g	372-169	4.23(12) S 0.54
								mountain cookies	150g	328-674	4.05(12) Z 0.45
AIRELLA (MCL Services)								oat crunchies	200g	363-234	4.59(12) Z 0.51
entire entry							d	with hazelnut	200g	369-991	4.14(12) Z 0.46
								tea crunch	200g	377-739	4.62(12) S 0.59
ALDON (Aldington)								wholesnack	25g	381-715	3.16(30) Z 0.14
urine drainage bag								half coated	25g	381-749	3.32(30) S 0.17
							a	multipack	6	002-063	9.72(18) Z 0.72
type A	10	432-625	2.40(10)	S				half coated	6 x 25g	002-071	10.57(18) S 0.90
type B	10	002-626	4.15(10)	S				CANNON (Cannon)			
type C	10	008-755	5.96(10)	S				Babysafe			
type CT	10	008-763	6.33(10)	S				nipple shields	2	324-327	1.01 S 1.76
type CV	10	026-849	6.67(10)	S				COVONIA (Thornton & Ross)			
type CVT	10	035-485	6.90(10)	S				bronchial balsam	150ml	322-537	6.36(12) S 0.98 P
24 hour	10	026-898	4.56(10)	S				CURIBA (Modern Health)			
leg bag	10	027-029	9.76(10)	S				entire entry			
connecting tube	10	027-649	3.78(10)	S				DOOM (Napa)			
ASPELLIN (Radiol)								mouse killer & bait box	004-325	7.75(12)	S 0.99
aspirin spirit liniment								DUBBLE BUBBLE (Mazzo Cosmetics)			
spray	150ml	370-718	0.955	S		GSL		double sided shampoo &			
								cleanser bar	336-974	13.90(12)	S
ASTRAL (Cupal)								EVADYNE (Ayerst)			
air fresheners							a	tablets 50mg	100	449-728	6.74 S POM
aerosols		376-988	8.88(12)	S	1.05			EVENFLO (Mentholum)			
fridge,fresh		320-606	4.19(10)	S	0.62			breast pump	360-966	3.57	S 5.95
nice n' fresh		423-186	9.73(12)	S	1.15			EVER READY (Ever Ready)			
round the clock		383-737	9.18(24)	S	0.55			alkaline batteries			
touch of spring								6LI22	429-779		S 1.95
super household	020-529	8.88(12)	S	1.05				LR03	416-750		S 0.51
toilet block	457-499	6.26(12)	S	0.75				LR1	429-597		S 0.53
car fascia unit	490-813	5.68(10)	S	0.84				LR6	416-511		S 0.51
fresh phone	327-841	3.72(10)	S	0.55				LR14	416-370		S 0.92
loomatic cistern unit	120-212	4.66(10)	S	0.69				LR20	416-362		S 1.02
slim stik sink fresh	352-377	5.72(10)	S	0.78				calculator batteries C7/R6C ONLY			
BLOOM (Napa)								dry batteries			
germicidal air freshener								BLR121	095-000	S	2.59
	240ml	251-215	5.90(12)	S	0.85		a	BLR122	095-026	S	3.49
								BLR154	095-042	S	2.59
BRAYCOT (Scandinavian Supplies)							i	C11 SIZE ONLY			
carob shorties	150g	351-098	4.05(12)	Z	0.45			HP11 ONLY			
ginger knobs	150g	329-524	4.05(12)	Z	0.45			PP3S	484-998	S	0.91



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**LLOYDS** (Lloyd, Amee)

Eutecis shave cream aerosol	200g	023-192	5 45(17)	S	0 78	
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**LONDON HERB AND SPICE** (London Herb & Spice)

Redbush caffeine free herb tea bags	40	359-729	6 26(12)	S		
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**LONDON PERFUME** (London Perfume)

entire entry						
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**MACLEAN** (Beecham Proprietary Medicines)

indigestion tablets						
24 & 48 standard	22	372-995	6 14(12)	S	0 77	GSI
large	44	373-035	4 98(6)	S	1 25	GSI

**MACROM** (Macarthy's Surgical)

foam ring		368-464	3 86	S		
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**MANLY** (Manly)

economy belt		275-685	4 41	S	7 24	
Lee Francis		266-908	7 83	S	13 33	
regular belt		167-296	7 13	S	11 97	
sparex						
briefs for de luxe belt		354-647	1 25	S	1 99	
leg straps		286-831	0 56	S	0 88	

**MEDISED** (Martindale Pharms)

(distributors Farillon) suspension	11	492-611	6 65	S	11 47	P
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**MEDISPLINT** (Medisport)

		420-893	76.20(12)	S	10 95	
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**METHOTREXATE, LEDERLE** (Lederle)

injection						
2 5mg/ml	10 x 1ml	020-263	8 30	S		POM
25mg(1ml)	1vial	382-952	2 48	S		POM
50mg(2ml)	1vial	382-937	5 26	S		POM

**MICROLETTTE** (Ayerst)

micro enema	5ml	464-552	2 52(12)	S		P
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**MINOLTA** (Minolta)

binoculars						
6 x 20		017-228	42 48	S	74 95	
8 x 20		092-775	46 75	S	79 95	
10 x 20		085-654	50 40	S	84 95	
8 x 32		086-298	87 60	S	149 95	
10 x 40		209-361	96 38	S	169 95	
cameras						

	450FX	180-083	38 74	S	49 95	
	460TX	115-204	42 62	S	59 95	

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APRIL 2013

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